

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90013 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000006079**

1. Corporation Name
COMPREHENSIVE BEHAVIORAL CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4200 W CYPRESS STE 300 TAMPA FL 33607 US
 Mailing Address: 1111 BAYSIDE DR SUITE 100 CORONA DEL MAR CA 92625 US

3. Date Incorporated or Qualified
11/28/1994

2. Principal Place of Business: 4200 W. Cypress
 2a. Mailing Address: 4200 W. Cypress

4. FEI Number: **59-3149475**

22. Suite, Apt. #, etc.: Suite 300
 27. Suite, Apt. #, etc.: Suite 300

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. Tampa FLORIDA
 28. Tampa Florida

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. 33607 25. USA
 29. 33607 30. USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	WATSON, COURTNEY	
STREET ADDRESS	1111 BAYSIDE DRIVE, SUITE 100	
CITY-ST-ZIP	CORONA DEL MAR CA	
TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	JOHNSON, MARY JANE	
STREET ADDRESS	4200 W CYPRESS STE 300	
CITY-ST-ZIP	CORONA DELMAR CA	
TITLE	ECFT	<input checked="" type="checkbox"/> DELETE
NAME	POLLOCK, CAROL R	
STREET ADDRESS	4200 W CYPRESS STE 300	
CITY-ST-ZIP	CORONA DEL MAR CA	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	STREET, CHRISS W	
STREET ADDRESS	1111 BAYSIDE DRIVE, STE. 100	
CITY-ST-ZIP	CORONA DELMAR CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Director, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Courtney E. Watson	
1.3 STREET ADDRESS	4200 W. Cypress, Suite 300	
1.4 CITY-ST-ZIP	Tampa, Florida 33607	
2.1 TITLE	Director, Chief Executive Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary Jane Johnson	
2.3 STREET ADDRESS	4200 W. Cypress, Suite 300	
2.4 CITY-ST-ZIP	Tampa, Florida 33607	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Chriss W. Street	
4.3 STREET ADDRESS	4200 W. Cypress, Suite 300	
4.4 CITY-ST-ZIP	Tampa, Florida 33607	
5.1 TITLE	Chief Financial Officer, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert J. Landis	
5.3 STREET ADDRESS	4200 W. Cypress Suite 300	
5.4 CITY-ST-ZIP	Tampa, Florida 33607	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** Robert J. Landis 4/13/99 813-876-5036 X244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)