

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90181 007 ***150.00

DOCUMENT # F94000006079

1. Entity Name

COMPREHENSIVE BEHAVIORAL CARE, INC.

Principal Place of Business

4200 W CYPRESS
 STE 300
 TAMPA FL 33607
 US

Mailing Address

4200 W CYPRESS
 STE 300
 TAMPA FL 33607
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. Hoover Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33609

Country

3. Mailing Address

200 S. Hoover Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33609

Country

4. FEI Number

59-3149475

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | JOHNSON, MARY JANE | |
| STREET ADDRESS | 4200 W CYPRESS STE 300 | |
| CITY-ST-ZIP | TAMPA FL 33607 | |
| TITLE | CT | <input type="checkbox"/> Delete |
| NAME | LANDIS, ROBERT J | |
| STREET ADDRESS | 4200 W. CYPRESS, STE 300 | |
| CITY-ST-ZIP | TAMPA FL 33607 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | WELCH, CATHY J | |
| STREET ADDRESS | 4200 W CYPRESS STE 300 | |
| CITY-ST-ZIP | TAMPA FL 33607 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|------------------------------------------------------------------------------|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 200 S. Hoover Blvd, Ste. 200 | |
| CITY-ST-ZIP | Tampa, FL 33609 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 200 S. Hoover Blvd, Ste. 200 | |
| CITY-ST-ZIP | TAMPA, FL 33609 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 200 S. Hoover Blvd, Ste. 200 | |
| CITY-ST-ZIP | TAMPA, FL 33609 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cathy J. Welch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02 813-288-4808

CP2E034 (9/01)