

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006079

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: COMPREHENSIVE BEHAVIORAL CARE, INC.

## Current Principal Place of Business:

200 S. HOOVER BLVD.  
SUITE 200  
TAMPA, FL 33609 US

## Current Mailing Address:

200 S. HOOVER BLVD.  
SUITE 200  
TAMPA, FL 33609 US

FEI Number: 59-3149475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

204 S. HOOVER BLVD.  
SUITE 200  
TAMPA, FL 33609 US

## New Mailing Address:

204 S. HOOVER BLVD.  
SUITE 200  
TAMPA, FL 33609 US

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JOHNSON, MARY JANE  
Address: 200 S. HOOVER BLVD., SUITE 200  
City-St-Zip: TAMPA, FL 33609

Title: CT ( ) Delete  
Name: LANDIS, ROBERT J  
Address: 200 S. HOOVER BLVD., SUITE 200  
City-St-Zip: TAMPA, FL 33609

Title: VS ( ) Delete  
Name: WELCH, CATHY J  
Address: 200 S. HOOVER BLVD., SUITE 200  
City-St-Zip: TAMPA, FL 33609

Title: V ( ) Delete  
Name: CLAY, THOMAS  
Address: 200 S. HOOVER BLVD., SUITE 200  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JOHNSON, MARY JANE  
Address: 204 S. HOOVER BLVD., SUITE 200  
City-St-Zip: TAMPA, FL 33609

Title: CT (X) Change ( ) Addition  
Name: LANDIS, ROBERT J  
Address: 204 S. HOOVER BLVD., SUITE 200  
City-St-Zip: TAMPA, FL 33609

Title: VS (X) Change ( ) Addition  
Name: WELCH, CATHY J  
Address: 204 S. HOOVER BLVD., SUITE 200  
City-St-Zip: TAMPA, FL 33609

Title: V (X) Change ( ) Addition  
Name: CLAY, THOMAS  
Address: 204 S. HOOVER BLVD., SUITE 200  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/ CATHY J. WELCH

VS

06/29/2005

Electronic Signature of Signing Officer or Director

Date