

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90130 026 ***150.00

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1. Entity Name
COMPREHENSIVE BEHAVIORAL CARE, INC.



Principal Place of Business
**200 S. HOOVER BLVD.
SUITE 200
TAMPA FL 33609
US**

Mailing Address
**200 S. HOOVER BLVD.
SUITE 200
TAMPA FL 33609
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3149475**
Applied For
 Not Applicable

City & State

Zip Country Zip Country

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JOHNSON, MARY JANE Delete
STREET ADDRESS 200 S. HOOVER BLVD., SUITE 200
CITY-ST-ZIP TAMPA FL 33609

TITLE Change Addition
NAME Thomas CLAY
STREET ADDRESS 200 S. Hoover Blvd, Ste. 200
CITY-ST-ZIP Tampa, FL 33609

TITLE CT
NAME LANDIS, ROBERT J Delete
STREET ADDRESS 200 S. HOOVER BLVD., SUITE 200
CITY-ST-ZIP TAMPA FL 33609

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS
NAME WELCH, CATHY-J Delete
STREET ADDRESS 200 S. HOOVER BLVD., SUITE 200
CITY-ST-ZIP TAMPA FL 33609

TITLE Change Addition
NAME Paul McCarthy
STREET ADDRESS 200 S. Hoover Blvd, Ste. 200
CITY-ST-ZIP TAMPA FL 33609

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 813-288-4809
Date Daytime Phone #

CR2E034 (10/02)