

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004942 (6)

1. Corporation Name

COMPREHENSIVE CARE INTEGRATION, INC.



Principal Place of Business 350 W. BAY ST COSTA MESA CA 92627	Mailing Address 350 W. BAY ST COSTA MESA CA 92627-2041
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3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1111 Bayside Drive Suite, Apt. #, etc 22 Suite 100 City & State 23 Corona del Mar, CA Zip 24 92625 Country 25 USA	2a. Mailing Address 26 1111 Bayside Drive Suite, Apt. #, etc 27 Suite 100 City & State 28 Corona del Mar, CA Zip 29 92625 Country 30 USA
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4. FEI Number 33-0265675	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	Signature typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, CHRIS W	1.2 NAME	
STREET ADDRESS	350 W. BAY ST	1.3 STREET ADDRESS	1111 Bayside Drive Suite 100
CITY-ST-ZIP	COSTA MESA CA 92627	1.4 CITY-ST-ZIP	Corona del Mar, CA 92625
TITLE	VSTD	2.1 TITLE	Executive V.P./CFO/Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPPERT, KERRI	2.2 NAME	
STREET ADDRESS	350 W. BAY ST	2.3 STREET ADDRESS	1111 Bayside Drive Suite 100
CITY-ST-ZIP	COSTA MESA CA 92627	2.4 CITY-ST-ZIP	Corona del Mar, CA 92625
TITLE	VD	3.1 TITLE	President and Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DREW O	3.2 NAME	STUART J. Ghermer
STREET ADDRESS	350 W. BAY ST	3.3 STREET ADDRESS	1111 Bayside Drive Suite 100
CITY-ST-ZIP	COSTA MESA CA 92627	3.4 CITY-ST-ZIP	Corona del Mar, CA 92625
TITLE	P	4.1 TITLE	Vice President - Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESA, TOM R	4.2 NAME	John Thompson
STREET ADDRESS	350 W. BAY ST	4.3 STREET ADDRESS	1111 Bayside Drive Suite 100
CITY-ST-ZIP	COSTA MESA CA 92627	4.4 CITY-ST-ZIP	Corona del Mar, CA 92625
TITLE	V	5.1 TITLE	Assistant Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALBERDA, MICHAEL	5.2 NAME	MONA K. Schmitt
STREET ADDRESS	350 W. BAY ST	5.3 STREET ADDRESS	1111 Bayside Drive Suite 100
CITY-ST-ZIP	COSTA MESA CA 92627	5.4 CITY-ST-ZIP	Corona del Mar, CA 92625
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: K. Ruppert	Signature typed or printed name of signing officer or director	Date: 2/13/97	Daytime Phone #: (714) 822-2273
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CR2E034 (9/96)