

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

**FILED**

**May 18 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004942 (6)**  
1. Corporation Name  
**COMPREHENSIVE CARE INTEGRATION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1111 BAYSIDE DR STE 100 CORONA DEL MAR CA 92625 US</b>	Mailing Address <b>111 BAYSIDE DR STE 100 CORONA DEL MAR CA 92625 US</b>
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3. Date Incorporated or Qualified <b>09/25/1996</b>	
4. FEI Number <b>33-0265675</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1111 Bayside Drive</b> Suite, Apt. #, etc. 22 <b>Suite 100</b> City & State 23 <b>Corona del Mar, CA</b> Zip Country 24 <b>92625</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>111 Bayside Drive</b> Suite, Apt. #, etc. 27 <b>Suite 100</b> City & State 28 <b>Corona del Mar, CA</b> Zip Country 29 <b>92625</b> 30 <b>USA</b>
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9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (Signature typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director, President, COO</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STREET, CHRISS W</b>	1.2 NAME	<b>Chriss W. Street</b>
STREET ADDRESS	<b>1111 BAYSIDE DR, STE 100</b>	1.3 STREET ADDRESS	<b>1111 Bayside Drive, Suite 100</b>
CITY-ST-ZIP	<b>CORONA DEL MAR CA</b>	1.4 CITY-ST-ZIP	<b>Corona del Mar, CA. 92625</b>
TITLE	<b>VCST</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Director, Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUPPERT, KERRI</b>	2.2 NAME	<b>Courtney Watson</b>
STREET ADDRESS	<b>1111 BAYSIDE DR, STE 100</b>	2.3 STREET ADDRESS	<b>1111 Bayside Drive, Suite 100</b>
CITY-ST-ZIP	<b>CORONA DEL MAR CA</b>	2.4 CITY-ST-ZIP	<b>Corona del Mar, CA 92625</b>
TITLE	<b>PCOO</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GHERTNER, STUART J</b>	3.2 NAME	
STREET ADDRESS	<b>1111 BAYSIDE DR STE 100</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORONA DEL MAR CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMITT, MONA K</b>	4.2 NAME	
STREET ADDRESS	<b>1111 BAYSIDE DR, STE 100</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORONA DEL MAR CA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

CR2E034 (10/97)