

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004942

FILED
Apr 14, 2009
Secretary of State

Entity Name: COMPREHENSIVE CARE INTEGRATION, INC.

Current Principal Place of Business:

3405 W. DR. MARTIN LUTHER KING, JR. BLVD.
SUITE 101
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3405 W. DR. MARTIN LUTHER KING, JR. BLVD.
SUITE 101
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 33-0265675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T/C () Delete
Name: LANDIS, ROBERT J
Address: 3405 W. DR. M. L. KING, JR. BLVD. STE 101
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: BATES, SCOTT
Address: 3405 W. DR. M. L. KING, JR. BLVD. STE 101
City-St-Zip: TAMPA, FL 33607

Title: P/D () Delete
Name: HILL, JOHN
Address: 3405 W. DR. M. L. KING, JR. BLVD. STE 101
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/D (X) Change () Addition
Name: CRISAFI, GIUSEPPE
Address: 3405 W. DR. M. L. KING, JR. BLVD. STE 101
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SCOTT BATES

Electronic Signature of Signing Officer or Director

SECR

04/14/2009

Date