

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004942

FILED
Apr 30, 2010
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/D
Name: CRISAFI, GIUSEPPE
Address: 3405 W. DR. M. L. KING, JR. BLVD. STE 101
City-St-Zip: TAMPA, FL 33607

Title: D
Name: MARCUS, CLARK
Address: 3405 W. DR. M. L. KING, JR. BLVD. STE 101
City-St-Zip: TAMPA, FL 33607

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J LANDIS

CAO

04/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date