2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004723

Entity Name: COMPREHENSIVE COMMUNITY CARE NETWORK, INC.

FILED Apr 09, 2004 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
	H CONGRESS M BEACH, FL		E US					
Current Mailing Address:				Ne	New Mailing Address:			
POST OFFICE BOX 18887 WEST PALM BEACH, FL 33416 US								
FEI Number: 5	54-2083748	FEI Numb	er Applied For()	FEI Number	r Not Applic	able ()	Certificate of Status	Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
LEED, LARRY 2330 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406 US								
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	
OFFICERS AND DIRECTORS:				AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Address:	PD () E MACK, ANTHONY 720 59TH STREE WEST PALM BEA	ΕT	3407 US		me: dress:	CALHOUN, M 415 N "L" ST	(X) Change () Addition MICHAEL J MR. REET 'H, FL 33460 US	
Title: Name: Address: City-St-Zip:	VD () E CALHOUN, MICH 415 NORTH LAKE WORTH, F			Add	me: dress:	DASHEV, DA 5200 NORTH	(X) Change () Addition WID MR. I FLAGLER DRIVE I BEACH, FL 33407 US	
	STD () E FOWLER, MELVI 218 7TH STREET LAKE PARK, FL	Г#5			me: dress:	FOWLER, M 218 7TH STF		
Title: Name: Address: City-St-Zip:	()[Delete			me: dress:	PRESTON, J 500 NORTH	() Change (X) Addition IOSEPH E MR. CONGRESS AVENUE #20 I BEACH, FL 33401 US	93
Title: Name: Address: City-St-Zip:	()[Delete			me: dress:	ARNOLD, CL 31 WEST CY	() Change (X) Addition AIRE J MS. PRESS ROAD H, FL 33467 US	
Title: Name: Address: City-St-Zip:	() [Delete			me: dress:	DRUSKIN, BA 525 SOUTH I	() Change (X) Addition ARNETTE MS. FLAGLER DRIVE I BEACH, FL 33401 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. CALHOUN PD 04/09/2004

ANTHONY D. MACK, DIRECTOR 3635 WHITEHALL DRIVE #205 WEST PALM BEACH, FL 33401

JOHN A. FOLEY, DIRECTOR 423 FERN STREET WEST PALM BEACH, FL 33401