
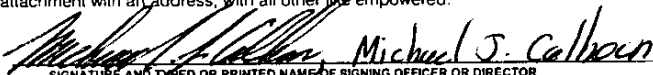


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90156 016 ****70.00

| | | | |
|--|--|---|---|
| DOCUMENT # N02000004723 | |  | |
| 1. Entity Name COMPREHENSIVE COMMUNITY CARE NETWORK, INC. | | | |
| Principal Place of Business 2330 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406 US | | Mailing Address POST OFFICE BOX 18887 WEST PALM BEACH, FL 33416 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 03252008 | | Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 54-2083748 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LEED, LARRY 2330 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CALHOUN, MICHAEL J MR. | NAME | |
| STREET ADDRESS | 415 NORTH L STREET | STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH, FL 33460 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOLEY, JOHN A MR. | NAME | |
| STREET ADDRESS | 423 FERN STREET | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALEXANDER, WEDLER A | NAME | |
| STREET ADDRESS | 66 WEST BOYNTON BEACH BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33426 | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTGOMERY, MARK | NAME | |
| STREET ADDRESS | 251 ROYAL PALM WAY | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH, FL 33480 | CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARNOLD, CLAIRE J MS. | NAME | |
| STREET ADDRESS | 31 WEST CYPRESS ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANDENBURG, CLEMENT | NAME | |
| STREET ADDRESS | 11382 PROSPERITY FARMS RD | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | Date: 4/25/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone #: 561-389-4258 | |