

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004723

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** COMPREHENSIVE COMMUNITY CARE NETWORK, INC.

**Current Principal Place of Business:**

2330 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

2330 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

FEI Number: 54-2083748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEED, LARRY  
2330 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406 US

**Name and Address of New Registered Agent:**

FOLEY, JOHN ESQ  
423 FERN STREET  
SUITE 200  
WEST PALM BEACH, FL 33401 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: JOHN FOLEY

04/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CALHOUN, MICHAEL J MR.  
Address: 415 NORTH L STREET, AP T. 1  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D  
Name: DRUSKIN, KEN MR  
Address: 525 SOUTH FLAGLER DR. #12A  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: SD  
Name: ALEXANDRE, WEDLER A DR.  
Address: 660 WEST BOYNTON BEACH BLVD  
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: D  
Name: DODSON, DAVID DR.  
Address: 1411 NORTH FLAGLER DR. #7900  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D  
Name: GORDON, PAUL E MR.  
Address: 2804 EAGLE CIRCLE #806  
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: D  
Name: COLLINS, JAMES L MR.  
Address: 125 CHILEAN AVE  
City-St-Zip: PALM BEACH, FL 33480 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J. CALHOUN

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date