

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004723

FILED
Apr 29, 2003
Secretary of State

Entity Name: COMPREHENSIVE COMMUNITY CARE NETWORK, INC.

Current Principal Place of Business:

2330 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406

New Principal Place of Business:

2330 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406 US

Current Mailing Address:

2330 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406

New Mailing Address:

POST OFFICE BOX 18887
WEST PALM BEACH, FL 33416 US

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:

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:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: MACK, ANTHONY D MR.
Address: 720 59TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: VD () Change (X) Addition
Name: CALHOUN, MICHAEL J MR.
Address: 415 NORTH "L" STREET #1
City-St-Zip: LAKE WORTH, FL 33460 US

Title: STD () Change (X) Addition
Name: FOWLER, MELVIN MR.
Address: 218 7TH STREET #5
City-St-Zip: LAKE PARK, FL 33403 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: ANTHONY MACK

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date