

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000080875

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE BEHAVIORAL CARE OF CONNECTICUT, INC.

**Current Principal Place of Business:**

3405 W. DR. M. L. KING, JR., STE. 101  
STE 101  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3405 W. DR. M. L. KING, JR., STE. 101  
STE 101  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 59-3751312

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

Title: D/T  
Name: CRISAFI, GIUSEPPE  
Address: 3405 W. DR. M. L. KING, JR., STE. 101  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: MARCUS, CLARK  
Address: 3405 W. DR. M. L. KING, JR., 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