2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

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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:

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

Current Mailing Address:

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

New Mailing Address:

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

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

OFFICERS AND DIRECTORS:

Title: S
Name: MANDEL, SHARON
Address: 3405 W. DR. M. L. KING, JR., STE. 101
City-St-Zip: TAMPA, FL 33607

Title: CFO
Name: LANDIS, ROBERT
Address: 3405 W. DR. M. L. KING, JR., STE. 101
City-St-Zip: TAMPA, FL 33607

Title: DCEO
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 LANDIS CFO 04/09/2012

Electronic Signature of Signing Officer or Director — Date