FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 21 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **836519** **(9)**

1. Corporation Name
COMPREHENSIVE CARE CORPORATION

Principal Place of Business	Mailing Address
16305 SWINGLEY RIDGE DRIVE. SUITE 100 CHESTERFIELD MO 63017	16305 SWINGLEY RIDGE DRIVE. SUITE 100 CHESTERFIELD MO 63017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1976
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 4350 Von Karman Ave.
Suite, Apt. #, etc.
22 280
City & State
23 Newport Beach, CA
Zip 24 92660 Country 25 USA

2a. Mailing Address
26 4350 Von Karman Ave.
Suite, Apt. #, etc.
27 280
City & State
28 Newport Beach, CA
Zip 29 92660 Country 30 USA

4. FEI Number: 95-2551716 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	PETERS, RICHARD C.	1.2 NAME	Chriss W. Street	
STREET ADDRESS	16305 SWINGLEY RIDGE DRIVE	1.3 STREET ADDRESS	4350 Von Karman Ave. #280	
CITY-ST-ZIP	CHESTERFIELD MO	1.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	OSBURN, ROBERT H	2.2 NAME	Drew Q. Miller	
STREET ADDRESS	16305 SWINGLEY RIDGE DRIVE	2.3 STREET ADDRESS	4350 Von Karman Ave. #280	
CITY-ST-ZIP	CHESTERFIELD MO 63017	2.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	VT	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FOLLMER, FRED C.	3.2 NAME	William James Nicol	
STREET ADDRESS	16305 SWINGLEY RIDGE DRIVE	3.3 STREET ADDRESS	4350 Von Karman Ave. #280	
CITY-ST-ZIP	CHESTERFIELD MO	3.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	V	4.1 TITLE	D	☒ Change ☐ Addition
NAME	TOTH, STEPHEN J	4.2 NAME	William H. Boucher	
STREET ADDRESS	16305 SWINGLEY RIDGE DRIVE	4.3 STREET ADDRESS	4350 Von Karman Ave. #280	
CITY-ST-ZIP	CHESTERFIELD MO 63017	4.4 CITY-ST-ZIP	Newport BEach, CA 92660	
TITLE	VS	5.1 TITLE	VS	☒ Change ☐ Addition
NAME	RUPPERT, KERRI	5.2 NAME	Kerri Ruppert	
STREET ADDRESS	16305 SWINGLEY RIDGE DRIVE	5.3 STREET ADDRESS	4350 Von Karman AVe. #280	
CITY-ST-ZIP	CHESTERFIELD MO	5.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	CD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	NORMAN, PERRY L.	6.2 NAME	Rudy R. Miller	
STREET ADDRESS	16305 SWINGLEY RIDGE DRIVE	6.3 STREET ADDRESS	4350 Von Karman Ave. #280	
CITY-ST-ZIP	CHESTERFIELD MO	6.4 CITY-ST-ZIP	Newport Beach, CA 92660	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kerri Ruppert Kerri Ruppert 2/25/95 (714) 798-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0468800 FP