## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

836519

(9)

## COMPREHENSIVE CARE CORPORATION

Principal Piace of	of Business	Mailing Address				e.e., e.e., e.e., e.e., e.e., e.e.,
4350 VON KARMAN AVE. 260		4350 VON KARMAN AVE. 280				
	EACH CA 92660	MEWPORT BEACH CA 92 US	NEWPORT BEACH CA 92660		3. Date Incorporated or Qualified	3a. Date of Last Report
US		03			06/15/1976	03/21/1995
2. Principa! Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
HII P	souside Drive	26 1111 Bayside	DRUG	•	95-2551716	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certif-cate of Status Desired	S8.75 Additional
2 Suite	e 100	27 Sulte 106	)		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
3 CORONO	a PEL MAR CA	28 CORONA DEL	MAR.	Ĥ	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax under s. 199.032,
4 926	25 USA	29 92625 3	30 u	519-	Florida Statutes 🔲 Yes	B □No
	9. Name and Address of Curren	nt Registered Agent		•	10. Name and Address of New I	Registered Agent
			81	Name		
UNITED STATES CORPORATION COMPANY				82 Street Address (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET				Street	Address (F.O. Dox Harriso to Hot Neceptor	ore,
SUITE 1			83			
TALLAHASSEE FL 32301			ļ			
IALLAID	400EE FL 32301		84	City		85 Zip Code
or registere	n the provisions of Sections 607.0502 id agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was authorized.	the above to by the corp	named co poration's	irporation submits this statement for the puboard of directors. Thereby accept the app	rpose of changing its registered offic pointment as registered agent. Lam
	i, and accept the obligations of, Sect	non cor.0005, radina Statutes				
SIGNATURE _	Signature, typed or printed marine of registered ago in	and trond applicable (NOTE	Fa pateres I Acad	10 signature n	expired when remetalings	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
THLE	PD	☐ DELETE	1 1 TIFLE			Change Addition
NAME	STREET, CHRISS W		1.2 NAME			•
STREET ADDRESS	4350 VON KARMAN AVE. #	280	1.3 SIBEEL	I ADDRESS	IIII Bayside Prive Sul	te 100
CITY-S7-ZIP	NEWPORT BEACH CA	200	1.4 DHY - S		CORDNA DEL MAK, CA.	
TITLE	V	□ DELETE	2 1 T TLE	)   - <u>2   1</u>	CORONA DEC 11 IMC, CD.	Change Addition
NAME	· •		2.2 NAME			<b>F</b> -
	MILLER, DREW Q	200		t ADDOLCC	III Romania de la companya de la com	
STREET ADDRESS	4350 VON KARMAN AVE. #	280		I ADDRESS	IIII Brysile Drive Suit	100
CITY - ST - ZIP	NEWPORT BEACH FL	T DELETE	2.4 CITY - S	5' - Ze <sup>2</sup>	CORORA DEL MUY, CA 9	Change Addition
TITLE	D	L) DECENE	3 1 THILE			A change Account
NAME	NICOL, WILLIAM J		3 2 NAME		l. <b>.</b>	
STREET ADDRESS	4350 VON KARMAN AVE. #	280	3.3 STREE	1 ADDRESS	1111 Bayside Drive Suit	
CITY - ST - ZIF	NEWPORT BEACH CA		3.4 CITY - 5	ST - ZIP	CORDUA PEL MAC. CA.	92625
TITLE	D	☐ DELETE	4 1 TIFLE			Change Addition
NAME	BOUCHER, WILLIAM H		4 2 NAME			
STREET ADDRESS	4350 VON KARMAN AVE. #	280	4 3 STREE	LADORESS	1111 Bayside Drive Suite	. 100
CiTY - ST - ZiP	NEWPORT BEACH CA		4.4 CITY - 3	SI - ZIF	COROLD DEL MAY, CO.	92625
TITLE	VS	DELETE	5 1 TITLE		'	Change   Addition
NAME	Ruppert, Kerri		5.2 NAME			
STREET ADDRESS	4350 VON KARMAN AVE. #	280	53 STREE	LADDRESS	1111 Bayside Drive Su	ite 100
CHTY - ST - ZIP			5.4 O(TY+)	ST-ZiP		12625
TITLE	D	<b>₩</b> DELEIE	6 1 11/16		Director	「 Change
NAME		<i>1</i> ~	6.2 NAME			
	• •			: ADDRESS	IIII Bonaile Doine &	1- 100
	NEWDODT PEACH CA				Come to DE MAD OR	997 45
14. I do hereh	v certify that the information supplied	with this filing is voluntarily furnish	red and doe	es not au	AFY for the exemption stated in Section 119	9.07(3)(k), Florida Statutes. I further
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that	MILLER, RUDY R 4350 VON KARMAN #280 NEWPORT BEACH CA y certify that the information supplied the information indicated on this ann	war report of supplemental annual	6 1 TIFLE 62 NAME 63 STREE 64 CITY and doe report is tr	: ADDRESS S1-ZIP as not qua ue and ac	CORONA DEL MAR, CO.  Director  J. Marvin Feigen baum  IIII Ben eicle Prive Su.  Corona. DEL Mar. Co.  alty for the exemption stated in Section 115  courate and that my signature shall have the to this report as required by Chapter 607.	Change A  Le 100  12.0.25  9.07(3)(k), Florida Statutes. I fu e same legal effect as if made

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Ruppert SUPICAU 2/29/96 (714)222

CR2E034 (12/95)