

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 836519 (9)

1. Corporation Name

COMPREHENSIVE CARE CORPORATION



Principal Place of Business

Mailing Address

4350 VON KARMAN AVE.
280
NEWPORT BEACH CA 92660
US

4350 VON KARMAN AVE.
280
NEWPORT BEACH CA 92660
US

2. Principal Place of Business

2a. Mailing Address

21 1111 Bayside Drive

26 1111 Bayside Drive

Suite, Apt., etc.

Suite, Apt., etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 Corona Del Mar, CA

28 Corona Del Mar, CA

Zip

Country

Zip

Country

24 92625

25 USA

29 92625

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent, and town of applicability

(If 11b is Registered Agent, signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STREET, CHRIS W	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-STATE-ZIP	NEWPORT BEACH CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, DREW Q	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-STATE-ZIP	NEWPORT BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICOL, WILLIAM J	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-STATE-ZIP	NEWPORT BEACH CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOUCHER, WILLIAM H	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-STATE-ZIP	NEWPORT BEACH CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	RUPPERT, KERRI	
STREET ADDRESS	4350 VON KARMAN AVE. #280	
CITY-STATE-ZIP	NEWPORT BEACH CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, RUDY R	
STREET ADDRESS	4350 VON KARMAN #280	
CITY-STATE-ZIP	NEWPORT BEACH CA	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1111 Bayside Drive Suite 100
1.4 CITY-STATE-ZIP	CORONA DEL MAR, CA. 92625
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1111 Bayside Drive Suite 100
2.4 CITY-STATE-ZIP	CORONA DEL MAR, CA. 92625
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1111 Bayside Drive Suite 100
3.4 CITY-STATE-ZIP	CORONA DEL MAR, CA. 92625
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1111 Bayside Drive Suite 100
4.4 CITY-STATE-ZIP	CORONA DEL MAR, CA. 92625
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1111 Bayside Drive Suite 100
5.4 CITY-STATE-ZIP	CORONA DEL MAR, CA. 92625
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	J. MARVIN Feigenbaum
6.4 CITY-STATE-ZIP	1111 Bayside Drive Suite 100
	CORONA DEL MAR, CA. 92625

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)(k), 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:

K. Ruppert SVP/CAV 2/29/96 (714) 222-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E034 (12/95)