

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **836519**
 Entity Name
COMPREHENSIVE CARE CORPORATION

FILED
Feb 20, 2002 8:00 am
Secretary of State
 02-20-2002 90075 018 ***150.00

0424643 AV

Principal Place of Business
200 W CYPRESS
STE 300
TAMPA FL 33607
US

Mailing Address
4200 W CYPRESS
STE 300
TAMPA FL 33607
US



Principal Place of Business
200 S. Hoover Blvd.
 Suite, Apt. #, etc.
Suite 200
 City & State
TAMPA, FL
 Zip
33609 Country

3. Mailing Address
200 S. Hoover Blvd.
 Suite, Apt. #, etc.
Suite 200
 City & State
TAMPA, FL
 Zip
33609 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **95-2594724** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MARY J		NAME		
STREET ADDRESS	4200 W CYPRESS STE 300		STREET ADDRESS	200 S. Hoover Blvd., Suite 200	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	CT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDIS, ROBERT J		NAME		
STREET ADDRESS	4200 W CYPRESS		STREET ADDRESS	200 S. Hoover Blvd., Suite 200	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELCH, CATHY J		NAME		
STREET ADDRESS	4200 S CYPRESS STE 300		STREET ADDRESS	200 S. Hoover Blvd., Suite 200	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy J. Welch 1-15-02 813-288-4808
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)