


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90223 001 ***422.50

DOCUMENT # 836519			
1. Entity Name COMPREHENSIVE CARE CORPORATION			
Principal Place of Business 200 S HOOVER BLVD STE 200 TAMPA FL 33609 US		Mailing Address 200 S HOOVER BLVD STE 200 TAMPA FL 33609 US	
2. Principal Place of Business 204 S. Hoover Blvd. Suite, Apt. #, etc. STE. 200 City & State TAMPA FL Zip 33609 Country		3. Mailing Address 204 S. Hoover Blvd. Suite, Apt. #, etc. STE. 200 City & State TAMPA FL Zip 33609 Country	
4. FEI Number 95-2594724		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		DATE (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, MARY J 200 S HOOVER BLVD SUITE 200 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 204 S. Hoover Blvd., Ste. 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT LANDIS, ROBERT J 200 S HOOVER BLVD SUITE 200 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 204 S. Hoover Blvd., Ste. 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WELCH, CATHY J 200 S HOOVER BLVD SUITE 200 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 204 S. Hoover Blvd., Ste. 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVIN, HOWARD A 200 S HOOVER BLVD STE 200 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 204 S. Hoover Blvd., Ste. 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROELICH, EUGENE L 200 S HOOVER BLVD STE 200 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 204 S. Hoover Blvd., Ste. 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Cathy J. Welch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05 813-288-4808
Date Daytime Phone #