

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000789

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE ADDICTION PROGRAMS, INC.

**Current Principal Place of Business:**

20400 STEVENS CREEK BLVD SUITE 600  
CUPERTINO, CA 95014

**New Principal Place of Business:**

**Current Mailing Address:**

20400 STEVENS CREEK BLVD SUITE 600  
CUPERTINO, CA 95014

**New Mailing Address:**

**FEI Number:** 54-1282694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** RHODES, JEROME  
**Address:** 101 PONDS EDGE DR SUITE 200  
**City-St-Zip:** CHADDS FORD, PA 19317

**Title:** D  
**Name:** STEWART, LEANNE M  
**Address:** 20400 STEVENS CREEK BLVD SUITE 600  
**City-St-Zip:** CUPERTINO, CA 95014

**Title:** S  
**Name:** BURKE, PAMELA B  
**Address:** 20400 STEVENS CREEK BLVD SUITE 600  
**City-St-Zip:** CUPERTINO, CA 95014

**Title:** T  
**Name:** STEWART, LEANNE M  
**Address:** 20400 STEVENS CREEK BLVD SUITE 600  
**City-St-Zip:** CUPERTINO, CA 95014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PAMELA B BURKE

SECY

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date