

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000006079 (7)

1. Corporation Name

COMPREHENSIVE BEHAVIORAL CARE, INC.

Principal Place of Business

4200 W. CYPRESS  
SUITE 300  
CORONA DELMAR CA 92625  
US

Mailing Address

4350 VON KARMAN AVE.  
200  
NEWPORT BEACH CA 92660  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

04/25/1996

4. FEI Number

59-3149475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 4200 W. Cypress

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Tampa Florida

Zip

24 33607

Country

25 USA

2a. Mailing Address

26 1111 Bayside Drive

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Corona del Mar CA

Zip

29 92625

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME HERSCH, RONALD G  
STREET ADDRESS 4200 W. CYPRESS, STE. 300  
CITY-ST-ZIP TAMPA FL

TITLE VSD, CFO, Treasurer ☐ DELETE

NAME RUPPERT, KERRI  
STREET ADDRESS 1111 BAYSIDE DRIVE STE. 100  
CITY-ST-ZIP CORONA DELMAR CA

TITLE AS ☒ DELETE

NAME ROWE, JAMES A  
STREET ADDRESS 4200 W. CYPRESS, STE. 300  
CITY-ST-ZIP TAMPA FL 33607

TITLE C, CEO ☐ DELETE

NAME STREET, CHRISS W  
STREET ADDRESS 1111 BAYSIDE DRIVE, STE. 100  
CITY-ST-ZIP CORONA DELMAR CA

TITLE VPD ☒ DELETE

NAME MILLER, DREW O  
STREET ADDRESS 1111 BAYSIDE DRIVE, STE. 100  
CITY-ST-ZIP CORONA DEL MAR CA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President and Chief operating officer ☐ Change ☒ Addition

1.2 NAME Stuart J. Gheatner  
1.3 STREET ADDRESS 1111 Bayside Drive Ste 100  
1.4 CITY-ST-ZIP Corona del Mar CA 92625

2.1 TITLE Senior Vice President - Marketing ☐ Change ☒ Addition

2.2 NAME Richard L. Powers  
2.3 STREET ADDRESS 1111 Bayside Drive, Suite 100  
2.4 CITY-ST-ZIP Corona del Mar, CA 92625

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME G. William Hammer  
3.3 STREET ADDRESS 1111 Bayside Drive, Ste 100  
3.4 CITY-ST-ZIP Corona del Mar, CA 92625

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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

SIGNATURE OF REGISTERED AGENT (PICK) 7/24/97 (114) 222-2222

CR2E034 (4/97)