
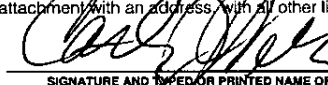


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90025 029 ***150.00

DOCUMENT # F94000006079 1. Entity Name COMPREHENSIVE BEHAVIORAL CARE, INC.					
Principal Place of Business 200 S. HOOVER BLVD. SUITE 200 TAMPA, FL 33609 US			Mailing Address 200 S. HOOVER BLVD. SUITE 200 TAMPA, FL 33609 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3149475	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MARY JANE		NAME		
STREET ADDRESS	200 S. HOOVER BLVD., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	CT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDIS, ROBERT J		NAME		
STREET ADDRESS	200 S. HOOVER BLVD., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELCH, CATHY J		NAME		
STREET ADDRESS	200 S. HOOVER BLVD., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAY, THOMAS		NAME		
STREET ADDRESS	200 S. HOOVER BLVD., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, PAUL		NAME		
STREET ADDRESS	200 S. HOOVER BLVD., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		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		
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 all other like empowered.					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Cathy J. Welch 2/10/04 8732884808 Date Daytime Phone #	