2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2010
Secretary of State

DOCUMENT# F94000006079

Entity Name: COMPREHENSIVE BEHAVIORAL CARE, INC.

Current Principal Place of Business:

3405 W. DR. M. L. KING, JR., STE. 101
SUITE 101
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3405 W. DR. M. L. KING, JR., STE. 101
SUITE 101
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3149475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCEO
Name: HILL, JOHN
Address: 3405 W. DR. M. L. KING, JR., STE. 101
City-St-Zip: TAMPA, FL 33607

Title: PDT
Name: CRISAFI, GIUSEPPE
Address: 3405 W. DR. M. L. KING, JR., STE. 101
City-St-Zip: TAMPA, FL 33607

Title: S
Name: LUNDBURG, MILLICENT
Address: 3405 W. DR. M. L. KING, JR., STE. 101
City-St-Zip: TAMPA, FL 33607

Title: DCEO
Name: MARCUS, CLARK
Address: 3405 W. DR. M. L. KING, JR., STE. 101
City-St-Zip: TAMPA, FL 33607

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: ROBERT LANDIS CAO 03/25/2010

Electronic Signature of Signing Officer or Director Date