

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90115 042 ***150.00

DOCUMENT # F96000004942

1. Corporation Name

COMPREHENSIVE CARE INTEGRATION, INC.

Principal Place of Business

1111 BAYSIDE DR
STE 100
CORONA DEL MAR CA 92625
US

Mailing Address

111 BAYSIDE DR
STE 100
CORONA DEL MAR CA 92625
US

2. Principal Place of Business

2a. Mailing Address

21 4200 W. Cypress

26 4200 W. Cypress

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 300

27 Suite 300

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

Zip Country

Zip Country

24 33607 25 USA

29 33607 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/25/1996

4. FEI Number

33-0265675

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 DPCP ☐ DELETE

NAME STREET, CHRISS W
STREET ADDRESS 1111 BAYSIDE DR, STE 100
CITY-ST-ZIP CORONA DEL MAR CA

TITLE DS ☐ DELETE

NAME WATSON, COURTNEY
STREET ADDRESS 1111 BAYSIDE DR, STE 100
CITY-ST-ZIP CORONA DEL MAR CA

TITLE AVP ☒ DELETE

NAME SCHMITT, MONA K
STREET ADDRESS 1111 BAYSIDE DR, STE 100
CITY-ST-ZIP CORONA DEL MAR CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P. COO ☒ Change ☐ Addition

1.2 NAME ChriSS W. Street
1.3 STREET ADDRESS 4200 W. Cypress, Suite 300
1.4 CITY-ST-ZIP Tampa, Florida 33607

2.1 TITLE D, S ☒ Change ☐ Addition

2.2 NAME Courtney E. Watson
2.3 STREET ADDRESS 4200 W. Cypress, Suite 300
2.4 CITY-ST-ZIP Tampa, Florida 33607

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Robert J. Landis
4.3 STREET ADDRESS 4200 W. Cypress, Suite 300
4.4 CITY-ST-ZIP Tampa, Florida 33607

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Robert J. Landis

4/13/99

813-876-5036 K248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)