

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004942

Entity Name

COMPREHENSIVE CARE INTEGRATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90075 015 ***150.00

042467 AV

Principal Place of Business 200 W. CYPRESS STE 300 TAMPA FL 33607 US	Mailing Address 4200 W. CYPRESS STE 300 TAMPA FL 33607 US
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80029696



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 200 S. Hoover Blvd. Suite, Apt. #, etc. Suite 200 City & State TAMPA, FL Zip 33609 Country	3. Mailing Address 200 S. Hoover Blvd. Suite, Apt. #, etc. Suite 200 City & State TAMPA, FL Zip 33609 Country
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4. FEI Number 33-0265675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC LANDIS, ROBERT J 4200 W. CYPRESS #300 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 S. Hoover Blvd., Ste. 200 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELCH, CATHY J 4200 W. CYPRESS #300 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 S. Hoover Blvd., Ste. 200 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, MARY JANE 4200 W. CYPRESS #300 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D 200 S. Hoover Blvd., Ste. 200 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy J. Welch 1-15-02 813-288-4808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)