

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90010 036 ***150.00

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1. Entity Name

COMPREHENSIVE CARE INTEGRATION, INC.



Principal Place of Business

200 S. HOOVER BLVD., SUITE 200
TAMPA, FL 33609 US

Mailing Address

200 S. HOOVER BLVD., SUITE 200
STE 300
TAMPA, FL 33609 US

34006063



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0265675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TC
NAME	LANDIS, ROBERT J
STREET ADDRESS	200 S. HOOVER BLVD., SUITE 200
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	S
NAME	WELCH, CATHY J
STREET ADDRESS	200 S. HOOVER BLVD., SUITE 200
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	PD
NAME	JOHNSON, MARY JANE
STREET ADDRESS	200 S. HOOVER BLVD., SUITE 200
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Cathy J. Welch Cathy J. Welch 2/10/04 8132884808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #