

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

FILED

May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # F97000000063 (4)

1. Corporation Name

COMPREHENSIVE CARE ASSOCIATES, INC.

Principal Place of Business

900 WINDERLEY PLACE, #230  
MAITLAND FL 32751

Mailing Address

900 WINDERLEY PLACE, #230  
MAITLAND FL 32751



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1996

4. FEI Number

51-0355418

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUGG, JOSEPH W  
201 N. FRANKLIN ST., #2100  
TAMPA FL 33602

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 office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	POWERS, TIMOTHY J		
STREET ADDRESS	900 WINDERLEY PLACE, #230		
CITY-ST-ZIP	MAITLAND FL 32751		
TITLE	VSTD	<input type="checkbox"/> DELETE	
NAME	POWERS, KEVIN C		
STREET ADDRESS	900 WINDERLEY PLACE, #230		
CITY-ST-ZIP	MAITLAND FL 32751		
TITLE	DC	<input type="checkbox"/> DELETE	
NAME	MILLER, ANDREW W		
STREET ADDRESS	900 WINDERLEY PLACE, #230		
CITY-ST-ZIP	MAITLAND FL 32751		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	270 S. Northlake Blvd.		
1.3 STREET ADDRESS	Suite 1000		
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701		
2.1 TITLE	270 S. Northlake Blvd.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Suite 1000		
2.3 STREET ADDRESS	Altamonte Springs, FL 32701		
2.4 CITY-ST-ZIP			
3.1 TITLE	270 S. Northlake Blvd.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	Suite 1000		
3.3 STREET ADDRESS	Altamonte Springs, FL 32701		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, 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.

SIGNATURE:

1/12/98

339-6500

CR2E034 (10/97)