

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000063

1. Entity Name

COMPREHENSIVE CARE ASSOCIATES, INC.

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90114 038 ***150.00

0041525

Principal Place of Business	Mailing Address
270 S NORTH LAKE BLVD SUITE 1000 ALTAMONTE SPRINGS FL 32701 US	270 S NORTHLAKE BLVD STE 1000 ALTAMONTE SPGS FL 32701 US

740662



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	51-0355418	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RUGG, JOSEPH W 201 N. FRANKLIN ST., #2100 TAMPA FL 33602

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	POWERS, TIMOTHY J
STREET ADDRESS	270 S NORTHLAKE BLVD, 1000
CITY-ST-ZIP	ALTAMONTE SPGS FL 32701
TITLE	VSTD
NAME	POWERS, KEVIN C
STREET ADDRESS	270 S NORTHLAKE BLVD, 1000
CITY-ST-ZIP	ALTAMONTE SPGS FL 32701
TITLE	DC
NAME	MILLER, ANDREW W
STREET ADDRESS	270 S NORTHLAKE BLVD, 1000
CITY-ST-ZIP	ALTAMONTE SPGS FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)