


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000006630</b>	
1. Entity Name <b>MANAGED COMPREHENSIVE CARE I, INC.</b>	

Principal Place of Business <b>407 BLOOMFIELD DRIVE, UNIT 2 WEST BERLIN, NJ 08091</b>	Mailing Address <b>407 BLOOMFIELD DRIVE, UNIT 2 WEST BERLIN, NJ 08091</b>
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03072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3413306</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BLANTON, EDWIN F ESQ. 825 THOMASVILLE ROAD TALLAHASSEE, FL 32303</b>
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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT LYONS, JOSEPH 407 BLOOMFIELD DRIVE, UNIT 2 WEST BERLIN, NJ 08091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV GOLDSTEIN, BENJAMIN 407 BLOOMFIELD DRIVE, UNIT 2 WEST BERLIN, NJ 08091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRINKWATER, STANLEY N 407 BLOOMFIELD DRIVE, UNIT 2 WEST BERLIN, NJ 08091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/22/06-80089-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph Lyons  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06 856-758-6130  
Date Daytime Phone #