2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # J61963

1. Entity Name
COMPREHENSIVE CHILD CARE ASSOCIATES, P.A.

Principal Place of Business
2020 CATTLEMEN RD
SUITE 600
SARASOTA, FL 34232 US

Mailing Address
PO BOX 4009
SARASOTA, FL 34230 US

02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2795081
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FEATHERMAN, D SCOTT
2020 CATTLEMEN RD
SUITE 600
SARASOTA, FL 34232

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	FEATHERMAN, D. SCOTT
STREET ADDRESS	2020 CATTLEMEN RD SUITE 600
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	S
NAME	FEATHERMAN, PATRICIA B.
STREET ADDRESS	2020 CATTLEMEN RD SUITE 600
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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02/20/08-80109-018 150.00

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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: D. Scott Featherman 2-7-08 941-955-5191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

D. SCOTT FEATHERMAN, AS PRESIDENT