

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071485

FILED
Jan 09, 2008
Secretary of State

Entity Name: COMPREHENSIVE CARE OF FLORIDA, L.L.C.

Current Principal Place of Business:

3501 JOHNSON STREET
ATTN: PERFUSION/OR, 2ND FLOOR
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

1849 MARINERS LANE
WESTON, FL 33327 US

New Mailing Address:

FEI Number: 20-1699137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURTHA, SEAN
1849 MARINERS LANE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CZAPLICKA, CHESTER F
Address: 31330 SCHOOLCRAFT RD., SUITE 200
City-St-Zip: LIVONIA, MI 48150 US

Title: MGR () Delete
Name: FANELLI, PATRICIA
Address: 31330 SCHOOLCRAFT RD., SUITE 200
City-St-Zip: LIVONIA, MI 48150 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHESTER F. CZAPLICKA

MGR

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date