2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2012
Secretary of State

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

Current Principal Place of Business:

1611 NW 12TH AVENUE
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1849 MARINERS LANE
WESTON, FL 33327 US

New Mailing Address:

1045 SW 159TH LANE
PEMBROKE PINES, FL 33027 US

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:

DIAZ, ANGEL
1045 SW 159TH LANE
PEMBROKE PINES, FL 33027 US

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: ANGEL DIAZ 08/29/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

I hereby 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 Statues.

SIGNATURE: CHESTER F. CZAPLICKA MGR 08/29/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date