

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006373

1. Entity Name

COMPREHENSIVE CARE SERVICES, INCORPORATED



FILED

03 MAY -1 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1516 EAST COLONIAL DRIVE, SUITE 302
ORLANDO FL 32803

Mailing Address

1516 EAST COLONIAL DRIVE, SUITE 302
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3672802

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCKNER, KEITH A
6339 PREAKNESS DRIVE
ORLANDO FL 32818

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME BUCKNER, KEITH A
STREET ADDRESS 6339 PREAKNESS DRIVE
CITY-ST-ZIP ORLANDO FL 32818-1742 ☐ Delete

TITLE VD
NAME ROGERS, MELVIN
STREET ADDRESS 3225 ARDEN VILLAS BLVD #18
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE SD
NAME LEWIS, ELLA
STREET ADDRESS 4826 INDIATLANTIC DRIVE
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE TD
NAME WALTON, AILEEN
STREET ADDRESS 530 WYNBROOKE PARKWAY
CITY-ST-ZIP ATLANTA GA 30087 ☐ Delete

TITLE D
NAME DAVIS, DONOVAN
STREET ADDRESS 1272 FALCONCREST BLVD
CITY-ST-ZIP APOPKA FL 32710 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600017823946
05/01/03--01049--019 **70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, 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:

SIGNATURE REQUIRED

A. Buckner

4/20/07

407-673-8117

CR2E037 (10/02)