

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006292

FILED
Mar 19, 2008
Secretary of State

Entity Name: CHILDREN'S COMPREHENSIVE CARE CENTER, INC.

Current Principal Place of Business:

200 S.E. 19TH AVENUE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

200 S.E. 19TH AVENUE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 20-2541965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, GEOFFREY
941 SE 18TH STREET
LAUDERDALE BY THE SEA, FL 33061 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVANS, GEOFFREY
Address: 941 SE 18TH STREET
City-St-Zip: LAUDERDALE BY THE SEA, FL 33061

Title: D () Delete
Name: BROWN, MICHAEL
Address: 7504 S.W. 5TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: MAITLAND, PETER
Address: 111 BRINY AVE, APT 2507
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: D () Delete
Name: LAMARCA, CHARLES
Address: 2605 NE 24TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFERY EVANS

MR.

03/19/2008

Electronic Signature of Signing Officer or Director

_____ Date