## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400006292

FILED Jan 04, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 20-2541965 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REID, GISELLE 4837 NW 104TH LANE CORAL SPRINGS, FL 33076 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: I

 Name:
 REID, GISELLE

 Address:
 4837 NW 104TH LANE

 City-St-Zip:
 CORAL SPRINGS, FL 33076

Title: D

 Name:
 BROWN, MICHAEL

 Address:
 7504 S.W. 5TH STREET

 City-St-Zip:
 NORTH LAUDERDALE, FL 33068

Title:

Name: MAITLAND, PETER
Address: 111 BRINY AVE, APT 2507

City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: [

 Name:
 LAMARCA, CHARLES

 Address:
 2605 NE 24TH STREET

 City-St-Zip:
 LIGHTHOUSE POINT, FL 33064

City-3t-2ip. LiGiTT 1003E FOIL

Title:

Name: EVANS, GEOFFREY Address: 941 SE 18TH STREET

City-St-Zip: LAUDERDALE BY THE SEA, FL 33061

I hereby 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 all other like empowered.

SIGNATURE: GISELLE REID P 01/04/2010