

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 23, 2010
Secretary of State

DOCUMENT# N04000006292

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:REID, GISELLE
4837 NW 104TH LANE
CORAL SPRINGS, FL 33076 US**Name and Address of New Registered Agent:**NEWMAN, ROBERT
200 SE 19TH AVE
POMPANO BEACH, FL 33060 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: ROBERT NEWMAN

08/23/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: P
Name: REID, GISELLE
Address: 4837 NW 104TH LANE
City-St-Zip: CORAL SPRINGS, FL 33076Title: D
Name: BROWN, MICHAEL
Address: 7504 S.W. 5TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068Title: D
Name: MAITLAND, PETER
Address: 111 BRINY AVE, APT 2507
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062Title: D
Name: LAMARCA, CHARLES
Address: 2605 NE 24TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064Title: D
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

MS.

08/23/2010

Electronic Signature of Signing Officer or Director_____
Date