

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45040

FILED
Mar 23, 2009
Secretary of State

Entity Name: COMPREHENSIVE CARE CENTER, INC.

Current Principal Place of Business:

1231 N. TUTTLE AVENUE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

1231 N. TUTTLE AVENUE
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-0278528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUFFAGE, MICHAEL W
1231 N. TUTTLE AVENUE
SARASOTA, FL 34237 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: DP () Delete
Name: SCHAYE, ED
Address: 3449 WINDING OAKS DRIVE
City-St-Zip: SARASOTA, FL 34228

Title: DT () Delete
Name: STRASSER, ROBERT
Address: 3810 OAKLEY GREEN
City-St-Zip: SARASOTA, FL 34235

Title: DS () Delete
Name: SIEG, STEPHEN
Address: 3454 YONGE AVENUE
City-St-Zip: SARASOTA, FL 34235

Title: CFO () Delete
Name: CUFFAGE, MICHAEL W
Address: 1231 N. TUTTLE AVENUE
City-St-Zip: SARASOTA, FL 34237

Title: CEO () Delete
Name: BERTHOTY, SUSAN
Address: 1231 N. TUTTLE AVE.
City-St-Zip: SARASOTA, FL 34237

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:

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: MICHAEL W. CUFFAGE

CFO

03/23/2009

Electronic Signature of Signing Officer or Director

Date