2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2011
Secretary of State

DOCUMENT# N45040

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 ( )**

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
Name: SCHAYE, ED
Address: 3449 WINDING OAKS DRIVE
City-St-Zip: SARASOTA, FL 34228

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

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

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

Title: CFO
Name: LOCKWOOD, JENNIFER W
Address: 1231 N. TUTTLE AVE.
City-St-Zip: SARASOTA, FL 34237

Title: D
Name: HONICK, KEN C
Address: 1232 N. TUTTLE AVE.
City-St-Zip: SARASOTA, FL 34292

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: JENNIFER LOCKWOOD CFO 01/20/2011
Electronic Signature of Signing Officer or Director Date