FILED
Jun 05, 2003 8:00 am
Secretary of State

5/6/

05-06-2003 90039 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted]

55046608

DOCUMENT # P02000016603

1. Entity Name
COMPREHENSIVE CARE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
270 S. NORTH LAKE BLVD., SUITE 1000 ALTAMONTE SPRINGS, FL 32701	270 S. NORTH LAKE BLVD., SUITE 1000 ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business		3. Mailing Address	
		485 N Keller Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 129	
City & State		City & State Maitland, FL	
Zip	Country	Zip 32751	Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0355418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURNSED, LYNN E 6849 BANANA POINT DR. OKAHUMPKA, FL	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POWERS, KEVIN C		NAME	
STREET ADDRESS	270 S. NORTH LAKE BLVD., SUITE 1000		STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, ANDREW W		NAME	
STREET ADDRESS	30 BURTON HILLS, SUITE 325		STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #