

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000124907
 1. Entity Name
COMPREHENSIVE CARE PROVIDERS, INC.



Principal Place of Business Mailing Address
 20101 NE 16 PL 20101 NE 16 PL
 MIAMI, FL 33179 MIAMI, FL 33179

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



01052005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
30-0132332 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MOODY, KAREN L
MICHAEL A CORRCA
20101 NE 16TH PLACE.
MIAMI, FL 33179

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOODY, KAREN L 20101 NE 16 PL MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC CORREA, MICHAEL A 20101 NE 16 PL MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000256823 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/03/05-80031-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Karen Moody* **3/3/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #