

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000021590

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE AUTISM PARTNERSHIP, INC.

**Current Principal Place of Business:**

1219 SKYLARK DRIVE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1219 SKYLARK DRIVE  
WESTON, FL 33327

**New Mailing Address:**

**FEI Number:** 04-3743275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEGAL INFORMATION SERVICES INC  
2500 WESTON ROAD, SUITE 404  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

WESTON TITLE & ESCROW, INC.  
2500 WESTON ROAD, SUITE 404  
WESTON, FL 33331 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:** ROY D. OPPENHEIM

03/15/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SAUCEDA, JULIE  
**Address:** 1219 SKYLARK DRIVE  
**City-St-Zip:** WESTON, FL 33327

**Title:** D  
**Name:** WALLITACH, SUSAN  
**Address:** 1299 CROSSBILL CT  
**City-St-Zip:** WESTON, FL 33327

**Title:** D  
**Name:** HAMAN, TONI  
**Address:** 1219 SKYLARK DRIVE  
**City-St-Zip:** WESTON, FL 33327

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JULIE SAUCEDA

D

03/15/2010

Electronic Signature of Signing Officer or Director

Date