

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000023401

FILED
Apr 29, 2012
Secretary of State

Entity Name: COMPREHENSIVE PSYCHIATRIC CARE INC.

Current Principal Place of Business:

18503 PINES BLVD
SUITE 214
PEMBROKES PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18503 PINES BLVD
SUITE 214
PEMBROKES PINES, FL 33029

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PINCHINAT, PATRICK
18503 PINES BLVD
SUITE 214
PEMBROKE PINES, FL 33029 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: P
Name: PINCHINAT, PATRICK
Address: 18503 PINES BLVD
City-St-Zip: PEMBROKES PINES, FL 33029

Title: SEC
Name: PINCHINAT, PATRICK
Address: 18503 PINES BLVD
City-St-Zip: PEMBROKES PINES, FL 33029

Title: TREA
Name: PINCHINAT, PATRICK
Address: 16463 SW 32ND ST
City-St-Zip: MIRAMAR, FL 33027

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: PATRICK PINCHINAT

TREA

04/29/2012

Electronic Signature of Signing Officer or Director

Date