

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moitham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25295 (7)

1. Corporation Name

COMPREHENSIVE ADDICTION PROGRAMS, INC.



Principal Place of Business

8000 TOWERS CRESCENT DR.
SUITE 220
VIENNA VA 22182

Mailing Address

8000 TOWERS CRESCENT DR.
SUITE 220
VIENNA VA 22182

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

07/25/1989

3a. Date of Last Report

04/26/1995

4. FEI Number

54-1282694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons of registered agent and the corporation. (If a Registered Agent signature is required, it shall be signed by the Registered Agent.)

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

RHODES, JEROME E.

STREET ADDRESS

8000 TOWERS CRESCENT DR

CITY-ST-ZIP

VIENNA VA

TITLE

TD

☐ DELETE

NAME

LEVINE, STEVEN M.

STREET ADDRESS

8000 TOWERS CRESCENT DR

CITY-ST-ZIP

VIENNA VA

TITLE

D

☐ DELETE

NAME

LANDIS, HOWARD

STREET ADDRESS

8000 TOWERS CRESCENT DR

CITY-ST-ZIP

VIENNA VA

TITLE

D

☒ DELETE

NAME

QUEALLY, PAUL

STREET ADDRESS

8000 TOWERS CRESCENT DRIVE

CITY-ST-ZIP

VIENNA VA

TITLE

D

☐ DELETE

NAME

RAFFERTY, RAY

STREET ADDRESS

8000 TOWERS CRESCENT DR

CITY-ST-ZIP

VIENNA VA

TITLE

D

☐ DELETE

NAME

RAFFERTY, RAY

STREET ADDRESS

8000 TOWERS CRESCENT DR

CITY-ST-ZIP

VIENNA VA

TITLE

D

☐ DELETE

NAME

RAFFERTY, RAY

STREET ADDRESS

8000 TOWERS CRESCENT DR

CITY-ST-ZIP

VIENNA VA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500001785195
-04/18/96--01014--016
***200.00

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/96 (703) 847-2600

CR2E034 (12/95)