

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

1175 HERNDON PKWY
SUITE 250
HERNDON VA 20170
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1989

4. FEI Number

54-1282694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1175 HERNDON PKWY

Suite, Apt. #, etc.

22 SUITE 250

City & State

23 HERNDON, VA

Zip

24 20170

Country

25 US

2a. Mailing Address

26 1175 HERNDON PKWY

Suite, Apt. #, etc.

27 SUITE 250

City & State

28 HERNDON, VA

Zip

29 20170

Country

30 US

9. Name and Address of Current Registered Agent

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

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, typed or printed name of registered agent, or of filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
RHODES, JEROME E
8000 TOWERS CRESCENT DR
VIENNA VA

☐ DELETE

TD
LEVINE, STEVEN M
8000 TOWERS CRESCENT DR
VIENNA VA

☐ DELETE

D
LANDIS, HOWARD
8000 TOWERS CRESCENT DR
VIENNA VA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

1175 HERNDON PKWY SUITE 250
HERNDON, VA 20170

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

1175 HERNDON PKWY SUITE 250
HERNDON, VA 20170

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

1175 HERNDON PKWY SUITE 250
HERNDON, VA 20170

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

☐ Change ☐ Addition

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

☐ Change ☐ Addition

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

☐ Change ☐ Addition

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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]* Steven M. Levine 11/14/98 702 804 8100

CR2E034 (10/97)