

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90001 043 ***550.00

DOCUMENT # P25295

1. Entity Name
COMPREHENSIVE ADDICTION PROGRAMS, INC.



Principal Place of Business
**1175 HERNDON PARKWAY
SUITE 250
HERNDON, VA 20170**

Mailing Address
**1175 HERNDON PARKWAY
SUITE 250
HERNDON, VA 20170**

54059758



2. Principal Place of Business

3. Mailing Address

105 N BASCOM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 202

07012004

Chg-P

CR2E034 (10/03)

City & State

City & State

SAN JOSE, CA

4. FEI Number

54-1282694

Applied For

Not Applicable

Zip

Country

Zip

95128

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RHODES, JEROME E ☐ Delete
STREET ADDRESS 1175 HERNDON PARKWAY SUITE 250
CITY-ST-ZIP HERNDON, VA 20170

TITLE TD ☒ Delete
NAME LEVINE, STEVEN
STREET ADDRESS 1175 HERNDON PARKWAY SUITE 250
CITY-ST-ZIP HERNDON, VA 20170

TITLE D ☒ Delete
NAME LANDIS, HOWARD
STREET ADDRESS 1175 HERNDON PARKWAY SUITE 250
CITY-ST-ZIP HERNDON, VA 20170

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT AND CHAIRMAN ☐ Change ☒ Addition
NAME KARLIN, BARRY
STREET ADDRESS 105 N. BASCOM AVE, SUITE 202
CITY-ST-ZIP SAN JOSE, CA 95128

TITLE SECRETARY, TREASURER & CFO ☐ Change ☒ Addition
NAME HOGGE, KEVIN
STREET ADDRESS 105 N. BASCOM AVE, SUITE 202
CITY-ST-ZIP SAN JOSE, CA 95128

TITLE DIRECTOR ☐ Change ☐ Addition
NAME SYLVIA, KATHLEEN
STREET ADDRESS 105 N. BASCOM AVE, SUITE 202
CITY-ST-ZIP SAN JOSE, CA 95128

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04

Date

Daytime Phone #