

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25295

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: COMPREHENSIVE ADDICTION PROGRAMS, INC.

**Current Principal Place of Business:**

20400 STEVENS CREEK BLVD.  
SUITE 600  
CUPERTINO, CA 95014

**New Principal Place of Business:**

**Current Mailing Address:**

20400 STEVENS CREEK BLVD.  
SUITE 600  
CUPERTINO, CA 95014

**New Mailing Address:**

FEI Number: 54-1282694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RHODES, JEROME  
Address: 101 PONDS EDGE DR., STE. 200  
City-St-Zip: CHADDS FORD, PA 19317

Title: T ( ) Delete  
Name: HOGGE, KEVIN  
Address: 20400 STEVENS CREEK BLVD, SUITE 600  
City-St-Zip: CUPERTINO, CA 95014

Title: S ( ) Delete  
Name: BURKE, PAMELA ESQ.  
Address: 20400 STEVENS CREEK BLVD., SUITE 600  
City-St-Zip: CUPERTINO, CA 95014

Title: D ( ) Delete  
Name: HOGGE, KEVIN  
Address: 20400 STEVENS CREEK BLVD., SUITE 600  
City-St-Zip: CUPERTINO, CA 95014

Title: D ( ) Delete  
Name: RHODES, JERRY  
Address: 608 CHADDS FORD LANE, SUITE 304  
City-St-Zip: CHADDS FORD, PA 19317

Title: D ( ) Delete  
Name: SYLVIA, KATHLEEN  
Address: 20400 STEVENS CREEK BLVD, SUITE 600  
City-St-Zip: CUPERTINO, CA 95014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAMELA B. BURKE

S

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date