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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000029240 (6)

1. Corporation Name
COMPREHENSIVE SKILLCARE SERVICES, INC.



Principal Place of Business
800 49TH ST., NORTH
SUITE B-1
ST. PETERSBURG FL 33710-7300

Mailing Address
800 49TH ST., NORTH
SUITE B-1
ST. PETERSBURG FL 33710-7300

3. Date Incorporated or Qualified
04/18/1994

3a. Date of Last Report
10/01/1996

2. Principal Place of Business
24 554 Central Avenue
Suite, Apt. #, etc.

2a. Mailing Address
26 2516 West Hiawatha St.
Suite, Apt. #, etc.

4. FEI Number
59-3235636

Applied For
Not Applicable

22 Suite F
City & State
23 St. Petersburg, FL

27
City & State
28 Tampa, FL

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

24 33711
Country
25 Pinellas

29 33614
Country
30 Hillsborough

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent
LEVERITT, G. RICHARD
800 49TH ST., NORTH
SUITE B-1
ST. PETERSBURG FL 33710-7300

10. Name and Address of New Registered Agent
81 Name
Gerald L. Buzbee
82 Street Address (P.O. Box Number is Not Acceptable)
2516 West Hiawatha Street
83
84 City
Tampa
FL 85 Zip Code
33614

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 *Gerald L. Buzbee* Gerald L. Buzbee - Vice President
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	BUZBEE, GERALD L.
STREET ADDRESS	2516 W. HIAWATHA ST.
CITY - ST - ZIP	TAMPA FL 33614
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	LEVERITT, G. RICHARD
STREET ADDRESS	800 49TH ST., NORTH, SUITE B-1
CITY - ST - ZIP	ST. PETERSBURG FL 33710-7300
TITLE	V <input type="checkbox"/> DELETE
NAME	JOHNSON, ISAAC
STREET ADDRESS	3212 WRIGHTSBORO RD.
CITY - ST - ZIP	AUGUSTA GA 30909
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Buzbee, Gerald L.
1.3 STREET ADDRESS	2516 West Hiawatha Street
1.4 CITY - ST - ZIP	Tampa, Florida 33614
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Travers W. Paine III
4.3 STREET ADDRESS	301 Wheeler Executive Center
4.4 CITY - ST - ZIP	Augusta, GA 30909
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Gerald L. Buzbee* Gerald L. Buzbee - V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)