

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000029603 (5)

1. Corporation Name

COMPREHENSIVE CARE ASSOCIATES, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 25 AM 11:57

Principal Place of Business

Mailing Address

**270 S. NORTHLAKE BLVD.
SUITE 1000
ALTAMONTE SPRINGS FL 32701**

**270 S. NORTHLAKE BLVD.
SUITE 1000
ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1355 Orange Avenue

26

4. FEI Number

59-3236710

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 5

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Winter Park, FL

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 32789

Country

Country

25

29

30

7. This corporation has authority for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, ROBERT E
501 E. KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602**

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 and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
POWERS, TIMOTHY J
270 S. NORTHLAKE BLVD., STE. 1000
ALTAMONTE SPRINGS FL 32701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
POWERS, KEVIN C
270 S. NORTHLAKE BLVD., STE. 1000
ALTAMONTE SPRINGS FL 32701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MILLER, ANDREW W
270 S. NORTHLAKE BLVD., STE. 1000
ALTAMONTE SPRINGS FL 32701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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 110.07(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

TIM POWERS

5-16-95 (407) 260-9300