

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

FILED

Sep 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000029603 (5)**  
1. Corporation Name  
**COMPREHENSIVE CARE ASSOCIATES OF FLORIDA, INC.**

Principal Place of Business  
**1355 ORANGE AVE.  
SUITE 5  
WINTER PARK FL 32789  
US**

Mailing Address  
**100 WINDERLEY PLACE  
STE #230  
MAYLAND FL 32751  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/18/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3236470 59-3236710</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RUGG, JOE ONE TAMPA CITY CENTER STE #2100 TAMPA FL 33601</b>		10. Name and Address of New Registered Agent	
81	Name	82	Street Address (R.O. Box Number is Not Acceptable)
83	City	84	City
85	Zip Code	86	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 (Handwritten or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWERS, TIMOTHY J</b>	1.2 NAME	
STREET ADDRESS	<b>270 S. NORTHLAKE BLVD., STE. 1000</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWERS, KEVIN C</b>	2.2 NAME	
STREET ADDRESS	<b>270 S. NORTHLAKE BLVD., STE. 1000</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, ANDREW W</b>	3.2 NAME	
STREET ADDRESS	<b>270 S. NORTHLAKE BLVD., STE. 1000</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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. I changed or to in attachment with an address.

SIGNATURE: 

11/3/98

407-660-5040

339-6500

12/19/98