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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000013364 (1)

DOCUMENT #
1. Corporation Name COMPREHENSIVE ADULT SERVICES, INC.

**FILED** Apr 30 1996 8:00 am **Secretary of State** 

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					<b>18</b> 74 <b>19</b> 16) (1 <b>9</b> 69 141 <b>9</b> 0 3111	& 81111 A121 LAG.
Principal Place o	f Business	Mailing Address				
10015 KANLAK		10015 KANLAKE DRIVE				
RIVERVIEW FL 33569		RIVERVIEW FL 33569		Date Incorporated or Qualified     O2/16/1995     As Date of Last Report		
2. Principa! Plac	se of Business	2a. Mailing Address		4. FEI Number		Applied For
	AKWOOD CIRCLE	26 345 OAKW	SOD CIRCLE.	59-329680		Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 '	5 Additional
]		27			ree	Required
City & State		City & State		6. Election Campaign Financing		IO May Be ed to Fees
ENGL	EWOOD, FL	28 ENGLE 4000	00, 7-6	Trust Fund Contribution  8. This corporation has liability for it	Adde	
342a	Country 71 CA	Zip   <b>3</b> 4223	Gountry 30 215A	Florida Statutes		105.002
1 3700	9. Name and Address of Curren			10. Name and Address of New R	egistered Agent	
			81 Nan &	(PDIC m//65		
CODDOD	ATION SERVICE COMPANY		Street Addr	ERRIS MILES ress (P.O. Box Number is Not Acceptable	ole)	
1201 HA			34	5 OAKWOOD CII	RCLE	
	SSEE FL 32301		83			
IALLAIA	133EE 1 E 32301		0.4		<b> 85</b> Z	ip Code
			84 City	LEWOOD	FL 🎳 🕏	4223
11 Pursuant to	the provisions of Sections 607,0502	2 and 607,1508, Florada Statute	- the state of the state of	ection a depute this statement for the pur	rpose of changing its	registered offic
or registers	d agent, or both, in the State of Flori i, and accept the obligations of, Sect	da. Such change was aumonze	d by the corporation's boa	ard of directors. Theraby accept the app	ointnient as registere	a agent. I am
familiar with	n, and accept the obligations of, Sect	(IGH 607.0303, Florida Statutes.				
SIGNATURE	Signature, typijd or printed name of regels as hay no	Land Strid approximation (NOT	F. Regeltered Alpert signative region	st when rendativel	DATE	
	Signature, typed or printed trainer of registered up of OFFICERS AN	raid সংবাৰ্তভাৰক ।	F. Registered April signal zerregis:	ADDITIONS/CHANGES TO OFF		
12.			13.	ADDITIONS/CHANGES TO OFF	Change	
12. Tifi£	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	Change	
12. TITLE NAME	OFFICERS AN	D DIRECTORS	13. 1 1 THLE 12 NAME	ADDITIONS CHANGES TO OFF ERRIS, MILES OAKWOOD C.	DChange //CCLE_	
12. TITLE NAME STREET ADDRESS	OFFICERS AN D TAFT, JOSEPHINE	IO DIRECTORS  (X) DELETE	13. 1 1 THLE 12 NAME	ADDITIONS/CHANGES TO OFF	DChange IKC LE_ 34323	Add tion
12. TITLE NAME	OFFICERS AND D TAFT, JOSEPHINE 10015 KENLAKE DRIVE	D DIRECTORS	13. 1 1 THLE 12 NAME 13 SIRIELADDEESS 3	ADDITIONS CHANGES TO OFF ERRIS, MILES OAKWOOD C.	DChange //CCLE_	Add tion
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certify that the information indicated on this arithus report or supplemental arithus report is the and accurate and that my signature shall rave the same regardence of the constraint of the constraint of 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

MILES FERRIS

4-23-96 (94)475-0526