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

PROFIT CORPORATION annual report



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

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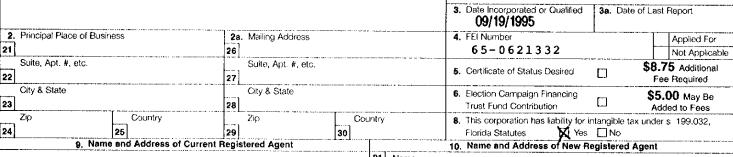
P95000073394 (5) DOCUMENT #

COMPREHENSIVE CARE SYSTEMS, INC.

Principal Place of Business
1390 MAIN STREET
SARASOTA FL 34236

Mailing Address

1390 MAIN STREET SARASOTA FL 34236



MARKS, GREGORY M ESO. 1390 MAIN STREET SARASOTA FL 34236

	Florida Statutes Yes No								
10. Name and Address of New Registered Agent									
B1	Name								
B2	Street Address (P.O. Box Number is Not Acceptable)								
83									

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

		E: Registered Agent signature		ATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DELETE	1. 1 TITLE	D/T/P	Change 🚹 Addition
NAME		1.2 NAME	Griffin, William D.	
STREET ADDRESS		1.3 STREET ADDRESS	1390 Main Street	
CITY-ST-ZIP		1.4 CITY - ST - ZIP	Sarasota, FL 34236	
TITLE	☐ DELETE	2. 1 TITLE	VP/S	☐ Change 🛣 Addition
NAME		2.2 NAME	Halloy, Richard A.	
STREET ADDRESS		2 3 STREET ADDRESS	1390 Main Street	
CITY-ST-ZIP		2 4 CITY - ST - ZIP	Sarasota, FL 34236	
TITLE	☐ DELETE	3. 1 TITLE	VP	Change X Addition
NAME		3 2 NAME	Berling, Steven J.	
STREET ADDRESS		3.3 STREET ADDRESS	1390 Main Street.	
CITY-ST-ZIP		3.4 C(1Y - S1 - Z(P	Sarasota, FL 34236	
TITLE	DELETE	4. 1 TITLE		Change 💋 Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST- ZIP		
TITLE	☐ DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
THTLE	↑ □ DELETE	6 1 TITLE		Change Addition
NAME	a /)	6.2 NAME		-
STREET ADDRESS	$\sim 10^{-1}$	6.3 STREET ADDRESS		
CITY-ST-ZIP	\YY \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6.4 CHY-ST-ZIP		

certify that the information indicated oath; that I am an officer or director appears in Block 12 or Block 13 i

ally for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further course and that my fignarire shall have the same legal effect as if made under to his report affine that my chapter 607, Florida Statutes; and that my name filing is voluntarily turnished and does not qu t or supplemental annual report is true and **a** r the receiver or trustee empowered to ex ttachment with an address.

SIGNATURE:

(941) 951-2022