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Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000082200 (3)

1. Corporation Name
COMPREHENSIVE CARE MANAGEMENT, INC.

[redacted]

Principal Place of Business	Mailing Address
7000 W. OAKLAND PARK BLVD. SUITE 202 SUNRISE FL 33313	7000 W. OAKLAND PARK BLVD. SUITE 202 SUNRISE FL 33313-1016

3. Date Incorporated or Qualified: 10/25/1995
3a. Date of Last Report: 07/24/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0621661 ☐ Applied ☐ Not App

5. Certificate of Status Desired ☐ $8.75 Additio Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May E Added to Fee

8. This corporation has liability for intangible tax under s. 199.(Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRINKLER, ROBERT M
7000 W. OAKLAND PARK BLVD.
SUITE 202
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

1h. 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 regis 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ A
NAME	PHILLIPS, KATHLEEN		1.2 NAME	
STREET ADDRESS	7000 W. OAKLAND PARK BLVD., SUITE 202		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ A
NAME	TRINKLER, ROBERT M		2.2 NAME	
STREET ADDRESS	7000 W. OAKLAND PARK BLVD., SUITE 202		2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ A
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ A
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ A
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ A
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

800025STDS
-06/12/98-01015-016
***165.00

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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; 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: [illegible] Helen Phillips 5/1/98 954-572-8305