

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

PROFIT  
CORPORATION  
ANNUAL REPORT

2000



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

FILED  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90110 012 \*\*\*150.00

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1. Corporation Name

COMPREHENSIVE CARE MANAGEMENT, INC.



Principal Place of Business

7000 W. OAKLAND PARK BLVD.  
SUITE 202  
SUNRISE FL 33313

Mailing Address

7000 W. OAKLAND PARK BLVD.  
SUITE 202  
SUNRISE FL 33313-1016

3. Date Incorporated or Qualified  
10/25/1995

3a. Date of Last Re  
4/30/99

4. FEI Number

65-0621661

APR  
NOT

5. Certificate of Status Desired

\$8.75 Ac  
Fee Req

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 M  
Added to

8. This corporation has liability for intangible tax under s. 1  
Florida Statutes

Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 Co

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 agent 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	PHILLIPS, KATHLEEN	
STREET ADDRESS	7000 W. OAKLAND PARK BLVD., SUITE 202	
CITY - ST - ZIP	SUNRISE FL 33313	
TITLE	D	DELETE
NAME	TRINKLER, ROBERT M	
STREET ADDRESS	7000 W. OAKLAND PARK BLVD., SUITE 202	
CITY - ST - ZIP	SUNRISE FL 33313	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		Change
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		Change
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		Change
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		Change
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		Change
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		Change
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 c. 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: Kathleen Phillips, President 4/27/00 954-572-8305