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PROFIT
CORPORATION
ANNUAL REPORT

2001



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 27 AM 8:40



DOCUMENT # P95000082200 (3)

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
4/27/00

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

65-0621661

5. Certificate of Status Desired

☐

\$87.00
Fee

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00
Add

8. This corporation has liability for intangible tax under
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

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 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 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

U

NAME

PHILLIPS, KATHLEEN

STREET ADDRESS

7000 W. OAKLAND PARK BLVD., SUITE 202

CITY - ST - ZIP

SUNRISE FL 33313

TITLE

D

NAME

TRINKLER, ROBERT M

STREET ADDRESS

7000 W. OAKLAND PARK BLVD., SUITE 202

CITY - ST - ZIP

SUNRISE FL 33313

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

600004194886-4

-05/11/01-01017-010

****150.00 ****150.00

4/5/01

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 the hand and seal of the Secretary of State. 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 Kathleen Phillips Pres. 4/21/01 954-572-8305