

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90358 027 ***150.00

DOCUMENT # P95000082200

1. Entity 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

2. Principal Place of Business

2714 N. University Dr.

3. Mailing Address

2714 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Sunrise, Florida

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

65-0621661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRINKLER, ROBERT M

~~7000 W. OAKLAND PARK BLVD.~~

~~SUITE 202~~

~~SUNRISE FL 33313~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2714 N. University Drive

City

Sunrise

FL

Zip Code

33322

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2714 N. University Drive
 CITY-ST-ZIP Sunrise, FL 33322

TITLE ☒ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen Phillips Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)