
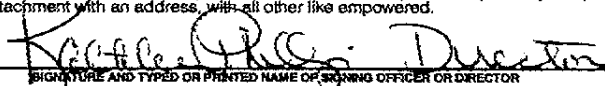


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000082200</b>		
1. Entity Name <b>COMPREHENSIVE CARE MANAGEMENT, INC.</b>		
Principal Place of Business <b>2714 N. UNIVERSITY DR. SUNRISE, FL 33322</b>	Mailing Address <b>2714 N. UNIVERSITY DR. SUNRISE, FL 33322</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TRINKLER, ROBERT M 2714 N. UNIVERSITY DR. SUNRISE, FL 33322</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. DOCUMENT 122762 04/21/04-80040-022 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, KATHLEEN 2714 N. UNIVERSITY DR. SUNRISE, FL 33322	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRINKLER, ROBERT M 2714 N. UNIVERSITY DR. SUNRISE, FL 33322	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/16/04</b> <b>954 742 9000</b> <small>Date Daytime Phone #</small>