

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082200

FILED
Apr 24, 2007
Secretary of State

Entity Name: COMPREHENSIVE CARE MANAGEMENT, INC.

Current Principal Place of Business:

2714 N. UNIVERSITY DR.
SUNRISE, FL 33322

New Principal Place of Business:

6561 SUNSET STRIP
SUNRISE, FL 33313

Current Mailing Address:

2714 N. UNIVERSITY DR.
SUNRISE, FL 33322

New Mailing Address:

6561 SUNSET STRIP
SUNRISE, FL 33313

FEI Number: 65-0621661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRINKLER, ROBERT M
2714 N. UNIVERSITY DR.
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

TRINKLER, ROBERT M
6561 SUNSET STRIP
SUNRISE, FL 33313 US

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: _____

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PHILLIPS, KATHLEEN
Address: 2714 N. UNIVERSITY DR.
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: TRINKLER, ROBERT M
Address: 2714 N. UNIVERSITY DR.
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PHILLIPS, KATHLEEN
Address: 6561 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313

Title: D (X) Change () Addition
Name: TRINKLER, ROBERT M
Address: 6561 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN PHILLIPS

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04/24/2007

Electronic Signature of Signing Officer or Director

Date