

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082200

FILED
Mar 16, 2011
Secretary of State

Entity Name: COMPREHENSIVE CARE MANAGEMENT, INC.

Current Principal Place of Business:

6561 SUNSET STRIP
SUITE 101
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6561 SUNSET STRIP
SUITE 101
SUNRISE, FL 33313

New Mailing Address:

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
6561 SUNSET STRIP
SUITE 101
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PHILLIPS, KATHLEEN
Address: 6561 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313

Title: D
Name: TRINKLER, ROBERT M
Address: 6561 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN PHILLIPS

DIR

03/16/2011

Electronic Signature of Signing Officer or Director

Date