2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082200

FILED
Apr 10, 2012
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:

PHILLIPS, KATHLEEN
6561 SUNSET STRIP
SUITE 101
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: KATHLEEN PHILLIPS 04/10/2012
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: PHILLIPS, LARRY
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 DIRE 04/10/2012
Electronic Signature of Signing Officer or Director Date