

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002683

1. Entity Name
COMPREHENSIVE ORTHOPEDIC CARE, INC.

Principal Place of Business

4200 W CYPRESS
STE 300
TAMPA FL 33607
US

Mailing Address

4200 W CYPRESS
STE 300
TAMPA FL 33607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JOHNSON, MARY J
STREET ADDRESS 4200 W CYPRESS STE 300
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

TITLE CT
NAME LANDIS, ROBERT
STREET ADDRESS 4200 W CYPRESS STE 300
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

TITLE VS
NAME WELCH, CATHY J
STREET ADDRESS 4200 W CYPRESS STE 33607
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathy J. Welch

Corporate Secretary

2-16-01 813876-5036

Date Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90334 019 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment Doc# P960000008683
C0030682

**PLEASE NOTE OUR NEW ADDRESS and TELEPHONE NUMBER
EFFECTIVE MARCH 22, 2001:**

Comprehensive Care Corporation and Subsidiaries*
200 South Hoover Blvd.,
Building 219, Suite 200
Tampa, FL 33609
(813) 288-4808

****Corporate offices for Behavioral Healthcare Management, Inc., Comprehensive Behavioral Care, Inc., Comprehensive Care Integration, Inc., Comprehensive Health Associates, Inc., Comprehensive Provider Networks of Texas, Inc., Healthcare Management Services, Inc.***
