

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0105348

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 AUG -6 PM 3: 15

DOCUMENT # **P96000012734**

1. Corporation Name

**COMPREHENSIVE PSYCH CARE, INC.**

Principal Place of Business

**2520 US HWY 19  
HOLIDAY FL 34691  
US**

Mailing Address

**2520 US HWY 19  
HOLIDAY FL 34691  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/05/1996**

4. FEI Number

**59-3336874**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

**30**

9. Name and Address of Current Registered Agent

**RAJAN, PRATIKSHA K  
2520 US HWY 19  
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number Is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **RAJAN, PRATIKSHA K**  
STREET ADDRESS **2520 US HWY 19**  
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**PRajan FKA (PrShah)**

**8-1-99**

CR2E034 (5/99)

17 Aug. 199.

DIVISION OF CORPORATIONS:

Annual reports FILING.

P.O BOX 1500

Tallahassee, FL.

P.K. SHAH. MD

B# 917-448-7301

OF 718-470-8140.

SUB : CHANGE OF MAILING ADDRESS — NOT RECEIVED I NOTICE  
REQUESTING TO BE EXCUSED - PLEASE.

DEAR SIR / MADAM

I AM EXTREMELY SORRY THAT MY MAIL WAS NOT

- RECEIVED APP AT APPROPRIATE TIME & PROBABLY LOST.

I HAVE NOT RECEIVED MY 1ST NOTICE — AND AM SURPRISED  
TO FIND THIS SECOND NOTICE.

- DUE TO MY PERSONAL PROBLEMS (& DIVORCE) & OTHER REASONS -

MY BUSINESS WAS CLOSED <sup>3/98</sup> & I MOVED TO NEW YORK IN  
NOV 98. I WAS NOT EXPECTING ANY OF THIS FILING OF  
REPORTS — BUT NOW I KNOW BETTER.

PLEASE — PLEASE — EXCUSE ME FOR THIS DELAY & ACCEPT  
MY PAYMENT OF \$150.00 AS I HAVE NOT RECEIVED  
ANY MAIL OF 1ST NOTICE. THE BUILDING HAS BEEN VACANT  
SINCE NOV 98.

PLEASE NOTE CHANGE OF MAILING ADDRESS &  
NAME CHANGE.

Preeti Kadakja Shah  
66-40, 108 St #3D  
Forest Hills  
NY 11375

THANKING YOU  
IN APPRECIATION.

P.K. Shah.

(P.K. SHAH.).