FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90095 036 ***150.00

DOCUMENT # P98000013312 1. COMPREHENSIVE MEDPSYCH SYSTEMS, INC.						
Principal Place	e of Rusiness	Mailing Address		4 10831007 118 38487 10111 00131 00311 00111 00111	, E surma unimi dimim demo seme	
% SARASOTA MEMORIAL HOSPITAL % SARASOTA MEMORIAL HOSPITAL 1625 SOUTH OSPREY-AVENUE 1625 SOUTH OSPREY-AVENUE					•	
CAPACOTO EL 2020				DO NOT WRITE IN THIS SP	ACE	
1700 South amiumi Mail				3. Date Incorporated or Qualifed		
Sarasota FC 34239				02/10/1998		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number 65-08/2381	Applied For	
21 1700			M Orange Ave		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	6 Cortiforto of Statue Desired	8.75 Additional Fee Required	
22 27 City & State / City & State /					\$5.00 May Be	
23 Sarasota, FL 28 Sarasota			. FC	Trust Fund Contribution	Added to Fees	
Zig (Country Zig (Country	8. This corporation owes the current year Intang		
24 342	39 ₂₅ US	29 3 Y236 E	30 05	Personal Property Tax.	Yes □No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Age	ent	
		-	81 Name	,		
KANTER, GEOFFREY DR.			ess (P.O. Box Number is Not Acceptable)			
1036 S. ORANGE AVENUE						
SARASOTA FL 34236			83			
ı			84 City	- 1	35 Zip Code	
				FL_\^		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auf	thorized by the corporation	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointm	ent as registered	
SIGNATURE	,					
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requirements)			d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AND DIRECTORS DELETE		13.		Change Addition	
TITLE	d Kanter, Geoffrey Dr.	□ becele	1.2 NAME		, one igo	
NAME	1036 SOUTH ORANGE AVENUE		1.3 STREET ADDRESS			
STREET ADDRESS	SARASOTA FL 35423		1.4 City-St-ZiP			
CITY-ST-ZIP TITLE	SANASOTA I E 35420	☐ DELETE	2.1 TITLE	. [Change	
NAME			2.2 NAME	,		
STREET ADDRESS			2.3 STREET ADORESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	-		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS	·		3.3 STREET ADDRESS			
CITY-\$T-ZIP	<u></u> ,		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	5.1 TITLE . 5.2 NAME	L	Change	
NAME			5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

941-917-1104