No. C 96651	Due no later than November 30, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX CORPORATION SERVICE COMPANY PROVE STE 2
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable CAREINSTITUTE COMPREHENSIVE CARE CORP 204 S HOOVER BLVD STE 200 TAMPA, FL 33609	1401 SHORELINE DRIVE STE 2 BOISE, ID 83702 3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE	mes and Business Addresses of President, Secret	ary and Directors.
Office held Name PRESIDENT, CEO DIRECTOR MARY JI	Street or P.O. Address ONE JOHNSON 204 S. HOOVER BLYD, S	TE 200, TAMPA FL 33609
CFO, TREASURER, CHAIR MAN ROBERT	J. LANDIS	
5. Organized Under the Laws of: CALIFORNIA C 96651	6. Signature	Date 9/15/c3 DIS Title