


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000006630
 1. Entity Name
 MANAGED COMPREHENSIVE CARE I, INC.



Principal Place of Business Mailing Address
 407 BLOOMFIELD DRIVE, UNIT 2 407 BLOOMFIELD DRIVE, UNIT 2
 WEST BERLIN, NJ 08091 WEST BERLIN, NJ 08091

DO NOT WRITE IN THIS SPACE



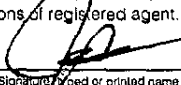
02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3413306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 BLANTON, EDWIN F ESQ.
 825 THOMASVILLE ROAD
 TALLAHASSEE, FL 32303

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  3-12-05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

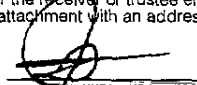
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT LYONS, JOSEPH 407 BLOOMFIELD DRIVE, UNIT 2 WEST BERLIN, NJ 08091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV GOLDSTEIN, BENJAMIN 407 BLOOMFIELD DRIVE, UNIT 2 WEST BERLIN, NJ 08091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRINKWATER, STANLEY N 407 BLOOMFIELD DRIVE, UNIT 2 WEST BERLIN, NJ 08091
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/17/05-80035-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Joseph Lyons 3-18-05 856-753-5130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #