


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 22-3413306 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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 04/22/06-80089-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date: 3-15-06 Daytime Phone #: 856-758-6130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR