

1201 HAYN STREET
F96000004942



ACCOUNT NO. : 072100000032
REFERENCE : 943543 4319459
AUTHORIZATION :
COST LIMIT : • PREPAID

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 25 PM 4:21

ORDER DATE : May 6, 1996

ORDER TIME : 9:39 AM

ORDER NO. : 943543

CUSTOMER NO: 4319459

CUSTOMER: Ms. Tasha Dolan
Comprehensive Care Corporation
350 W. Bay Street

Costa Mesa, CA 92627

p397
200001815022
-05/09/96--01069--005
****122.50 ****122.50
400001958294
-09/27/96--01001--007
***9131.25 ***9131.25

W96-9902

FOREIGN FILING

NAME: COMPREHENSIVE CARE INTEGRATION
INC

XXXX QUALIFICATION (TYPE: CQ)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michelle Bailey

RECEIVED
96 MAY -9 AM 10:19
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 9, 1996

CSC NETWORKS

SUBJECT: COMPREHENSIVE CARE INTEGRATION, INC.
Ref. Number: W96000009902

We have received your document for **COMPREHENSIVE CARE INTEGRATION, INC.** and your check(s) totaling \$122.50. However, the document has not been filed and is being retained in this office for the following:

It is unclear why you submitted a resolution to adopt a name, as the name appears to be available. If you are aware of a conflict, please let us know. If you are not aware of any conflict and submitted the resolution in error, please let us know so that we may file your application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 396A00022706



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 10, 1996

CSC NETWORKS

SUBJECT: COMPREHENSIVE CARE INTEGRATION, INC.
Ref. Number: W96000009902

We have received your document for COMPREHENSIVE CARE INTEGRATION, INC. and your check(s) totaling \$122.50. However, the document has not been filed and is being retained in this office for the following:

Based upon information provided by the Florida Department of Revenue, pursuant to section 213.053(14), Florida Statutes, it appears that COMPREHENSIVE CARE INTEGRATION, INC. has transacted business in Florida prior to submitting an "Application for Authority to Transact Business in Florida". The information received from the Florida Department of Revenue indicates June 1, 1988, as the initial date of transacting business in the State of Florida. Please contact this office concerning the date first transacted business in Florida.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$9131.25.

If it is determined that the corporation's previous activities in Florida that warranted compliance with Florida's revenue laws did not constitute the transaction of business within the meaning of s. 607.1501, F.S., please provide a sworn affidavit to that effect.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 696A00023040



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 11, 1986

CHRISS W STREET
1111 BAYSIDE DR #100
CORONA DEL MAR, CA 92625-1755

SUBJECT: COMPREHENSIVE CARE INTEGRATION, INC.
Ref. Number: W36000009902

This letter is in response to the application by foreign corporation for authorization to transact business in Florida that was previously submitted to this office for COMPREHENSIVE CARE INTEGRATION, INC..

This office received information provided by the Florida Department of Revenue, pursuant to section 213.053(14), Florida Statutes, which indicates that the corporation has transacted business in the State of Florida since June 1, 1986. You were notified by letter dated May 10, 1986, that because of failure to obtain a certificate of authority prior to transacting business in the State of Florida, the corporation is liable for \$9131.25 in appropriate fees and penalties as set forth in Section 607.1502(4), Florida Statutes, (copy enclosed).

Until a response is received by this office concerning the prior notification, the application by foreign corporation for authorization to transact business in Florida will not be processed. If erroneous information was reflected on the previously submitted application, a sworn affidavit may be filed stating the correct date the corporation first transacted business in Florida, that the corporation did not transact business in Florida prior to the application filing year and that the information entered on such application is incorrect. Any such affidavit will be included with your original qualification documents.

Please provide your response to this letter within 30 days to avoid the necessity of further action.

If you have further questions concerning the filing of your document, please telephone the Foreign Qualification/Tax Lien Section at (904) 487-6091.

Doug Dickinson
Document Specialist **Letter No. 496A00039637**

Enclosure

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. COMPREHENSIVE CARE INTEGRATION, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. 33-0265675
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/3/87 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 11/96
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7. 350 W. BAY STREET
COSTA MESA, CA 92627
(Current mailing address)
8. Health Care Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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DIVISION OF CORPORATIONS
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9. Name and street address of Florida registered agent:

Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC.
Office Address: 1201 HAYS STREET SUITE 105,
TALLAHASSEE, Florida, 32301
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Karen Harris
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS (SEE ATTACHED LIST)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (SEE ATTACHED LIST)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Kerri Ruppert 5/1/96
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

14.

KERRI RUPPERT, SR VP/CAD
(Typed or printed name and capacity of person signing application)

COMPREHENSIVE CARE INTEGRATION, INC.

**350 W. Bay Street
Costa Mesa, CA 92627
(714) 222-2273**

Directors:

**Chris W. Street
Chairman of the Board**

**350 W. Bay Street
Costa Mesa, CA 92627**

**Kerri Ruppert
Director**

**350 W. Bay Street
Costa Mesa, CA 92627**

**Drew Q. Miller
Director**

**350 W. Bay Street
Costa Mesa, CA 92627**

Officers:

**Chris W. Street
Chairman**

**350 W. Bay Street
Costa Mesa, CA 92627**

**Tom R. Mesa
President**

**350 W. Bay Street
Costa Mesa, CA 92627**

**Drew Q. Miller
Sr. Vice President**

**350 W. Bay Street
Costa Mesa, CA 92627**

**Kerri Ruppert
Sr. Vice President,
Secretary, Treasurer**

**350 W. Bay Street
Costa Mesa, CA 92627**

**Michael Halberda
Vice President**

**350 W. Bay Street
Costa Mesa, CA 92627**

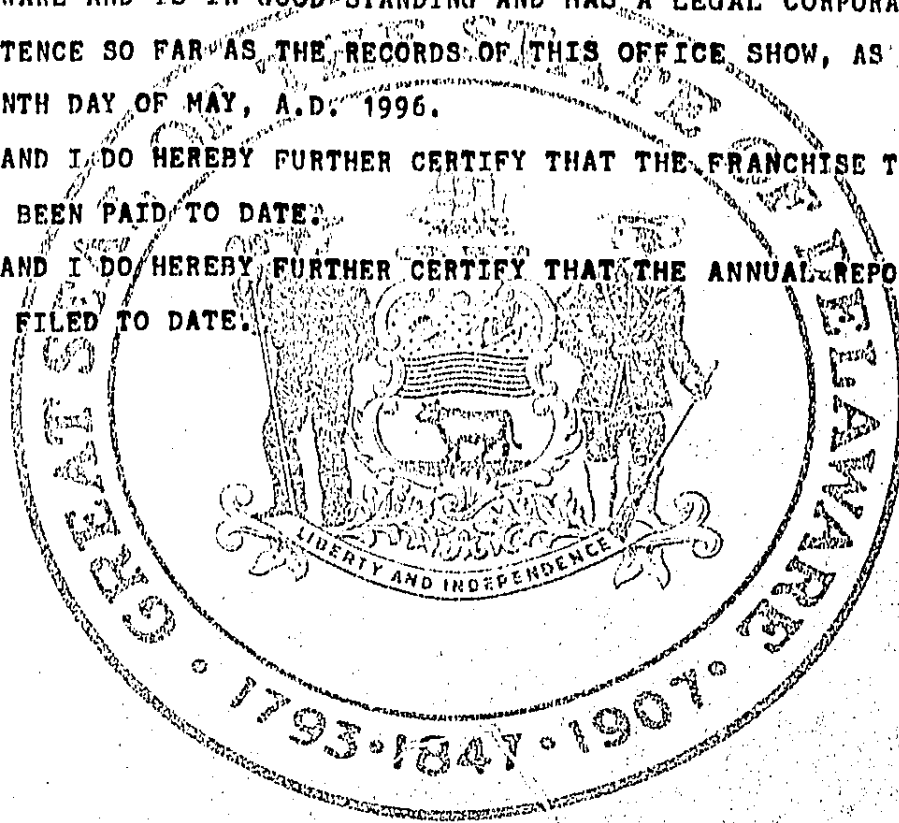
State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE CARE INTEGRATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 25 PM 3:22



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 7936544

DATE: 05-07-96