APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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REINSTATEMENT 2000

DOCUMENT # F96000004942

1. Corporation Name

COMPREHENSIVE CARE INTEGRATION, INC.

Principal Place of Business	Mailing Address
4200 W. CYPRESS STE 300 TAMPA FL 33607 US	4200 W. CYPRESS STE 300 TAMPA FL 33607 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/25/1996

5. FEI Number: 33-0265675 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~DPCO~~	~~STREET, CHRISS W~~	~~4200 W. CYPRESS #300~~	~~TAMPA FL 33607~~
~~DS~~	~~WATSON, COURTNEY~~	~~4200 W. CYPRESS #300~~	~~TAMPA FL 33607~~
TC	LANDIS, ROBERT J	4200 W. CYPRESS #300	TAMPA FL 33607
S	Welch, CAthy J	4200 W. Cypress, #300	TAmpa, FL 33607
P	JOHNSON, MAry Jane	4200 W. Cypress, #300	TAmpa, FL 33607

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street Suite, Apt. #, Etc.: City: Tallahassee, State: FL Zip Code: 32301

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED BRIAN COURTNEY, ASST. V.P. Date 11/22/2000
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED Cathy J. Welch 11-9-00 813-876-5036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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