

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
COMPREHENSIVE ADDICTION PROGRAMS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED  
11 FEB 21 AM 10:37  
DIVISION OF CORPORATIONS

FILED  
2011 FEB 21 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

1. Comprehensive Addiction Programs, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE

(State or country under the law of which it is incorporated)

3. 54-1282694

(FEI number, if applicable)

4. 04/30/84

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

## 6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 20400 Stevens Creek Blvd., Suite 600, Cupertino, CA 95014

(Principal office address)

20400 Stevens Creek Blvd., Suite 600, Cupertino, CA 95014

(Current mailing address)

8. Behavioral Health Treatment

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 515 East Park Ave.

Tallahassee

(City)

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.*

(Registered agent's signature)

Jose Castellanos, Asst. Secretary

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.

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H11000045754 3

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

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Jerome RhodesAddress: 101 Ponds Edge Drive, Suite 200, Chadds Ford, PA 19317Director: Kevin HoggeAddress: 20400 Stevens Creek Blvd., Suite 600, Cupertino, CA 95014

## B. OFFICERS

President: Jerome RhodesAddress: 101 Ponds Edge Drive, Suite 200Chadds Ford, PA 19317

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Pamela B. BurkeAddress: 20400 Stevens Creek Blvd., Suite 600, Cupertino, CA 95014Treasurer: Kevin HoggeAddress: 20400 Stevens Creek Blvd., Suite 600, Cupertino, CA 95014

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Pamela B. Burke, Secretary

(Typed or printed name and capacity of person signing application)

2011 FEB 21 AM 9:56  
SECRETARY  
J. BURKE  
P. BURKE  
M. HOGGE  
J. RHODES

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H11000045754 3

H11000045754 3

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE ADDICTION PROGRAMS, 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPREHENSIVE ADDICTION PROGRAMS, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF APRIL, A.D. 1984.

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  
2011 FEB 21 AM 9:56  
JEFFREY W. BULLOCK  
TALLAHASSEE, FLORIDA

2034136 8300

110180868

You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8571075

DATE: 02-18-11

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