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Florida Department of State
Division of Corporations
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RE-SUBMIT

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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 Care Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	0486
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA

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J. Shivers MAR 06 2012



March 1, 2012

C T CORPORATION SYSTEM

SUBJECT: CCS-FLORIDA, INC.
REF: W12000012001

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000017007--CCS, LLC.

If you have any further questions concerning your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000047589
Letter Number: 212A00008292

P.O BOX 6327 - Tallahassee, Florida 32314



February 23, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: COMPREHENSIVE CARE SERVICES - FLORIDA, INC.
REF: W12000010608

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is N11000004896. (COMPREHENSIVE CARE SERVICES, INCORPORATED).

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000047589
Letter Number: 212A00007736

RE-SUBMIT
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date of submission 2/23

P.O. BOX 6327 - Tallahassee, Florida 32314

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

CCS Perfusion, Inc.

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

2. Michigan 3. 32-0078468
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 22, 2003 5. Perpetual
(Date of incorporation) (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. 31330 Schoolcraft Road, Suite 200, Livonia, Michigan 48150
(Principal office address)

(Current mailing address)

8. Any purpose for which corporations may be formed.
(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: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.
C T Corporation System

By: _____
(Registered agent's signature) *Connie Bryan*
Assistant 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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Chester F. Czaplicka

Address: 31330 Schoolcraft Road, Suite 200, Livonia, MI 48150

Director: Patricia Fanelli

Address: 31330 Schoolcraft Road, Suite 200, Livonia, MI 48150

B. OFFICERS

President: Chester F. Czaplicka

Address: 31330 Schoolcraft Road, Suite 200, Livonia, MI 48150

Vice President: Patricia Fanelli

Address: 31330 Schoolcraft Road, Suite 200, Livonia, MI 48150

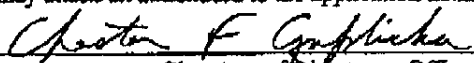
Secretary: Chester F. Czaplicka

Address: 31330 Schoolcraft Road, Suite 200, Livonia, MI 48150

Treasurer: Chester F. Czaplicka

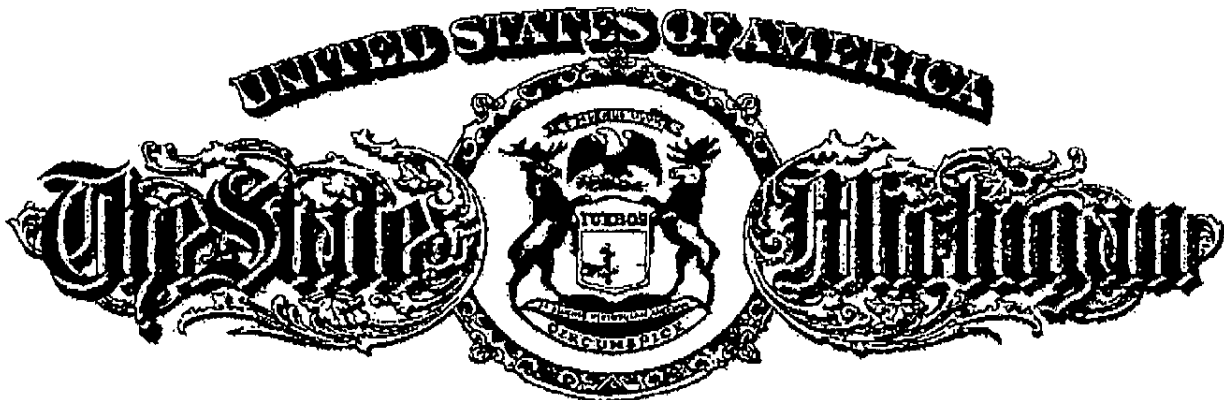
Address: 31330 Schoolcraft Road, Suite 200, Livonia, MI 48150

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. Chester F. Czaplicka, President
(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

COMPREHENSIVE CARE SERVICES, INC.

was validly incorporated on May 22, 2003, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended; to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 22nd day of February, 2012.

[Signature] Director

Bureau of Commercial Services

GOLD SEAL APPEARS ONLY ON ORIGINAL