

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV 15 PM 5:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT #98000004003 1. Corporation Name COMPREHENSIVE OUTPATIENT CENTERS OF FLORIDA, INC.					
2. Principal Office Address 1000 N.E. 56th Street Suite, Apt. #, etc.		3. Mailing Office Address 1000 N.E. 56th Street Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/14/98	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		5. FEI Number 65-0788499	
Zip 33334		Country USA		Applied For Not Applicable	
6. CERTIFICATE OF STATUS				\$8.75 Additional Fee for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road					
Suite, Apt. #, Etc. 300004696123--8 11/20/01 01012-031 ****750.00 ****750.00					
City Plantation					
State FL					
Zip Code 33324					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 61					
Signature of Registered Agent PETER F. SOUZA ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date 11/7/01					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/S/T/D	Richard Inglis	2455 E. Sunrise Blvd. Suite 320 International Building		Fort Lauderdale FL 33304	
10. 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 61 this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0505 or 61, and the names of individuals listed on this form do not qualify for an exemption under section 119 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: Richard K. Inglis SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/21/01 Daytime Phone #					