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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Managed Behavioral Healtho	eare, Inc.
DOCUMENT NUMBER: J47846	
The enclosed Articles of Dissolution and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Scott Bates	
(Name of Contact F	Person)
Comprehensive Behavioral Care, Inc.	
(Firm/Compa	ny)
3405 W Dr Martin Luther King Jr Blvd #	4 101
(Address)	
Tampa, FL 33607	
(City/State and Zi	p Code)
For further information concerning this matter, pleas	se call:
Scott Bates at (813) 288-4808
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ied Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Managed Behavioral Healthcare, Inc.
SECOND:	The document number of the corporation (if known): J47846
THIRD:	The file date of the articles of incorporation: 12/18/1986
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: Let Pol
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	Scott Bates
	(Typed or printed name of person signing)
	Secretary (Title of Person Signing)
	(Title of Ferson Signing)

Filing Fee: \$35