

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000071485

FILED
Nov 14, 2007
Secretary of State

Entity Name: COMPREHENSIVE CARE OF FLORIDA, L.L.C.

Current Principal Place of Business:

3501 JOHNSON STREET
ATTN: PERFUSION/OR, 2ND FLOOR
HOLLYWOOD, FL 33021

New Principal Place of Business:

3501 JOHNSON STREET
ATTN: PERFUSION/OR, 2ND FLOOR
HOLLYWOOD, FL 33021 US

Current Mailing Address:

3501 JOHNSON STREET
ATTN: PERFUSION/OR, 2ND FLOOR
HOLLYWOOD, FL 33021

New Mailing Address:

1849 MARINERS LANE
WESTON, FL 33327 US

FEI Number: 20-1699137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WONG, DANNY
2621 SW 180TH AVE
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

MURTHA, SEAN
1849 MARINERS LANE
WESTON, FL 33327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SEAN MURTHA

11/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CZAPLICKA, CHESTER F
Address: 3501 JOHNSON ST., ATTN: PERF/OR 2ND FLOOR
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: FANELLI, PATRICIA
Address: 3501 JOHNSON ST., ATTN: PERF/OR 2ND FLOOR
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CZAPLICKA, CHESTER F
Address: 31330 SCHOOLCRAFT RD., SUITE 200
City-St-Zip: LIVONIA, MI 48150 US

Title: MGR (X) Change () Addition
Name: FANELLI, PATRICIA
Address: 31330 SCHOOLCRAFT RD., SUITE 200
City-St-Zip: LIVONIA, MI 48150 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHESTER F. CZAPLICKA

MGR

11/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date