


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 MAY -2 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M03000004308

1. Limited Liability Company's Name

Cenpatico Bevhavioral Health, LLC

2. Principal Office Address

823 Congress Avenue

Suite, Apt. #, etc.

Suite 600

City & State

Austin, TX

Zip

78701

Country

3. Mailing Office Address

7711 Carondelet

Suite, Apt. #, etc.

Suite 800

City & State

St. Louis, MO

Zip

63105

Country

4. State/Country of Formation

California

5. Date Organized or Qualified
To Do Business in Florida

12/15/03

6. FEI Number

68-0461584

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

200054916812

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

On S. Buen
Asst. Secy.

REGISTERED AGENT MUST SIGN

Date March 22, 2004

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael F. Neidorff	7711 Carondelet Ave., Ste. 800	St. Louis, MO 63105
MGR	John Tadich	7711 Carondelet Ave., Ste. 800	St. Louis, MO 63105
MGR	Karey L. Witty	7711 Carondelet Ave., Ste. 800	St. Louis, MO 63105
MGR	Brian Butts	7711 Carondelet Ave., Ste. 800	St. Louis, MO 63105

REINSTATEMENT 04-05

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Brian R. Butts

Date

3/29/05

Daytime Phone #

314-725-4706

Typed or printed name of signing Managing Member/Manager

BRIAN R. Butts

CR2E041 (10/02)