

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000000299

**FILED**  
**Jul 08, 2013**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE PSYCHOTHERAPY NETWORK, INC.

**Current Principal Place of Business:**

1825 FOREST HILL BLVD STE 103  
FOREST HILL PROFESSIONAL PLAZA  
W PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1825 FOREST HILL BLVD STE 103  
FOREST HILL PROFESSIONAL PLAZA  
W PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 26-0007992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERSENAIRE, NANCY K  
1825 FOREST HILL BLVD STE 103  
FOREST HILL PROFESSIONAL PLAZA  
W PALM BEACH, FL 33406 US

**Name and Address of New Registered Agent:**

KATHLEEN BORDELEAU, PA  
840 U.S. HWY,  
STE 100  
NORTH PALM BEACH, FL 33408 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:** NANCY PERSENAIRE

07/08/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** PERSENAIRE, NANCY K  
**Address:** 1825 FOREST HILL BLVD STE 103  
**City-St-Zip:** W PALM BEACH, FL 33406

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** NANCY K. PERSENAIRE

PRES

07/08/2013

Electronic Signature of Signing Officer or Director

Date