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Florida Department of State  
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To:  
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From:  
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (305) 672-0686  
Fax Number : (305) 672-9110

## FLORIDA PROFIT CORPORATION OR P.A.

Comprehensive Care Providers, Inc.

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Certificate of Status	1
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## ARTICLES OF INCORPORATION

### Article I. Name

The name of this Florida corporation is:  
Comprehensive Care Providers, Inc.

### Article II. Address

The Corporation's mailing address is:  
Comprehensive Care Providers, Inc.  
20101 NE 16th Place  
Miami FL 33179

### Article III. Registered Agent

The name and address of the Corporation's registered agent is:  
Angelo Barry & Boldt, P.A.  
515 East Las Olas Boulevard  
Suite 850  
Fort Lauderdale FL 33301

### Article IV. Board of Directors

The name of each member of the Corporation's Board of Directors is:

Karen L. Moody  
Michael A. Correa

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of directors shall be done in accordance with the Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by applicable law.

Bryan Haagensohn | FL Bar Member 157627  
Angelo Barry & Boldt, P.A.  
515 East Las Olas Boulevard  
Suite 850  
Fort Lauderdale FL 33301  
954-766-9930

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Article V. Capital Stock

The Corporation shall have the authority to issue 2,000 shares of common stock, par value \$.01 per share.

Article VI. Incorporator

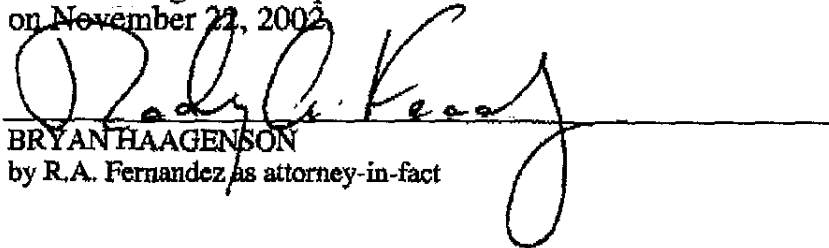
The name and address of the incorporator is:

Bryan Haagenon  
Angelo Barry & Boldt, P.A.  
515 East Las Olas Boulevard  
Suite 850  
Fort Lauderdale FL 33301

Article VII. Corporate Existence

These Articles of Incorporation shall become effective and the corporate existence will begin on November 22, 2002.

The undersigned incorporator executed these Articles of Incorporation on November 22, 2002.

A handwritten signature in black ink, appearing to read "Bryan Haagenon", is written over a horizontal line. The signature is stylized with a large, looping initial 'B'.

BRYAN HAAGENSON  
by R.A. Fernandez as attorney-in-fact

Bryan Haagenon 1 FL Bar Member 157627  
Angelo Barry & Boldt, P.A.  
515 East Las Olas Boulevard  
Suite 850  
Fort Lauderdale FL 33301  
954-766-9930

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/OFFICE**

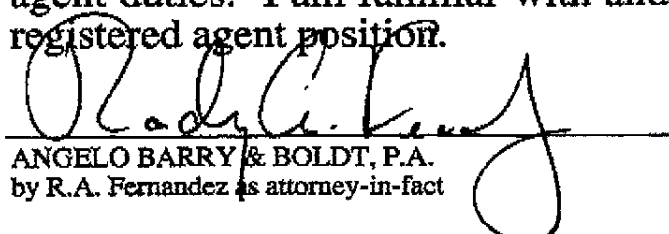
**CORPORATION:**

Comprehensive Care Providers, Inc.

**REGISTERED AGENT/OFFICE:**

Angelo Barry & Boldt, P.A.  
515 East Las Olas Boulevard  
Suite 850  
Fort Lauderdale FL 33301

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

  
ANGELO BARRY & BOLDT, P.A.  
by R.A. Fernandez as attorney-in-fact

Date: November 22, 2002

Bryan Haegenson | FL Bar Member 157627  
Angelo Barry & Boldt, P.A.  
515 East Las Olas Boulevard  
Suite 850  
Fort Lauderdale FL 33301  
954-766-9930

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