PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT# P03000074951-7 1. Comparison Name Complete Hand 125 St			¬	
1. Corporation Name ComPREHENSIVE RACTICE SYSTEMS INC COMPREHENSIVE RACTICE SYSTEMS INC 2. Principal Office Address Suite, Ast R. etc. Suite, Apt R. etc. Suite,	(200 model 1 473-15)	Secretary of State	06 STP 22 TMH: 30	
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Suite 40 S A Date Incorporation Qualified 1/4/03 Applied For Not Price Applied For Not			CR2E081 (12/05)	
City & State MICHA Street Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 8. I. being agent No. MICHA State State No. MICHA No. MICHA		Suite, Apt. #, etc.	A Data large control of Our Mark	
MI AMI Zip 33 16 1 Country WSA Zip Country And Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name MI CHABL GOLD BERG RA. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt 2 Fic. Suite, Apt 2 Fic. Suite, Apt 2 Fic. Suite S S NEW Address of Suite Sui	>uite 405	<u> </u>		
Note Applicable Supplier Su		City & State	5. FEI Number	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) AVENUE	MIRMI			
7. Name and Address of Current Registered Agent Name MICHAEL GOLBBERG RA Street Address (P.O. Box Number is Not Accorptable) WAVENUE Suite, Apt. 9, Etc. City NO MAM BEACH State 2 Jp Code City NO MAM BEACH Registered Agent with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Recistred Agent Water State 1 Jp Code Registered Agent Recistred Agent Must see an advantage of the Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Titles 10. Locatify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been paid and the names of individualisation and only qualify the recomplication of the Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SCOTT SEMBLE MARCH STATES AGENT AGE	• • • • • • • • • • • • • • • • • • • •	Zip Country		
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