

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000090892

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE ASSESSMENT CENTER, INC.

**Current Principal Place of Business:**

6625 MIAMI LAKES DRIVE  
EXECUTIVE SUITE 328  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

19146 NW 24TH PLACE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 20-5141218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIAZ, TANIA PSY.D  
19146 NW 24TH PLACE  
PEMBROKE PINES, FL 33029 US

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

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: TANIA DIAZ, PSY.D.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: DIAZ, TANIA PSY.D.  
Address: 19146 NW 24TH PLACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DR.  
Name: DIAZ, TANIA PSY.D  
Address: 19146 NW 24TH PLACE  
City-St-Zip: PEMBROKE PINES, FL 33029

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: TANIA DIAZ

DR.

10/05/2010

Electronic Signature of Signing Officer or Director

Date