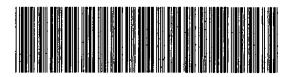
P32224

(Re	equestor's Name)	
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TB 6/24/08

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: CareInstitute, Inc			
(Name of	Corporation)		
DOCUMENT NUMBER: P32224			
The enclosed withdrawal application and fee are subr	nitted for filing.		
Please return all correspondence concerning this matter to the following:			
Chatchai Suphawongsirikul			
(Name of	Person)		
Comprehensive Behavioral Care, Inc.			
(Firm/Co	mpany)		
3405 W Dr Martin Luther King Jr Blvd #101			
(Addr			
Tampa, FL 33607			
(City/State and Zip code)			
For further information concerning this matter, please of	call:		
Chatchai Suphawongsirikul at (8	288-4808		
(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Careinsitule, Inc.	
(Name of Corporation)	TASE SOR
P 3 2224	SECRETARY OF THE CONTROL OF THE CONT
(Document Number of Corporation	Tarak 11
California	F STA
(Incorporated Under Laws	34 34 34 34 Sold Sold Sold Sold Sold Sold Sold Sold
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct	_
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proces time it was authorized to transact business or conduct affairs in Floring in the corporation of the corpora	s based on a cause of action arising during the
The following is a current mailing address for the corporation:	·
3405 W. Dr. Martin Luther King Jr. Blvd.	., Suite 101
(Maning Madiess)	
Tampa, FL 33607	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fut	ture of any change in its mailing address.
Cut Box	6-16-08 (Date)
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Scott Bates	Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35