| THE UNITED STATES GORPORATION SOMPANY ACCOUNT NO. : 07210000032 | | | 000 |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|
| | REFERENCE : AUTHORIZATION : COST LIMIT : | 910642 4329 Patricia Pg \$ 87.50 | 1479 |
| ORDER DATE : | July 30, 1998 | | 98 J |
| ORDER TIME : | 1:28 PM | | IL 30 HASSE |
| ORDER NO. : | 910642-005 | | C PN |
| CUSTOMER NO: | 4329479 | | LORIDA |
| 200 Sun | er & Hostetler South Orange Avenue trust Center Suite 2 ando, FL 32802-0112 DOMESTIC FILIN | 2300 | 0002603134 |
| XX CERTIF | THE FOLLOWING AS PRO IED COPY STAMPED COPY | WOCATIO | RECEIVED 98 JUL 30 PH 1:49 DIVISION OF CORPORATION |
| | ICATE OF GOOD STAND: : Robert Turner EXAN | MINER'S INITIAL | s: <u>JU</u> |

ARTICLES OF REVOCATION OF DISSOLUTION

OF

SECRETARY OF STATE

COMPREHENSIVE CARE ASSOCIATES OF FLORIDA, INC.

1. The name of the corporation is Comprehensive Care Associates of Florida, Inc. (the "Corporation").

2. Revocation of the Dissolution of the Corporation was authorized on July 15, 1998, by unanimous vote of the directors of the Corporation and presented to the shareholders simultaneously therewith.

3. The actions of the directors to revoke the dissolution of the Corporation were unanimously approved by the shareholders on July 15, 1998, to be effective upon filing the Articles of Revocation of Dissolution with the Secretary of State.

4. Revocation of the dissolution of the Corporation shall be effective on the date these Articles are filed by the Secretary of State.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Revocation of Dissolution this 15th day of July, 1998.

COMPREHENSIVE CARE ASSOCIATES OF FLORIDA, INC. End Βv

Kevin C. Powers, President

STATE OF FLORIDA)) SS. COUNTY OF ORANGE)

The foregoing instrument was acknowledged before me this 15th day of July, 1998, by Kevin C. Powers, President of Comprehensive Care Associates of Florida, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me or has produced ______ as identification and did/did not take an oath.

VICKIE L. BEBOUT My Comm Exp. 6/20/00 Bonded By Service Ins. No. CC564287 sonzliv Known [] Other I. D.

Uichie 2- Belait (Notary Signature)

CKie L. Bebau

(Notary Name Printed) NOTARY PUBLIC Commission No. <u>CC 564267</u>

G:/leb3743/25134/97001/artrevdiss

STATE OF FLORIDA) SS.) COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this day of April, 1998, by Kevin C. Powers, of Comprehensive Care Associates of Florida, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me or has produced as identification and did (did not)

take an oath.

VICKIE L BEBUUT NOTARY Bonded By Service ins No. CC564287 Personally Known [] Other I D.

(NOTARY SEAL)

Signa

Bebout VICKIE (Notary Name Printed) NOTARY PUBLIC Commission No. <u>CC564287</u>

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ARTICLES OF DISSOLUTION

FILED 98 MAY 13 PH 3: 36 SECRETARY OF STATE TALLAHASSEE, FLORIES

of

COMPREHENSIVE CARE ASSOCIATES OF FLORIDA, INC.

1. The name of the corporation is Comprehensive Care Associates of Florida, Inc. (the "Corporation").

2. Dissolution of the Corporation was authorized on April 29, 1998, by unanimous vote of the directors of the Corporation and presented to the shareholders simultaneously therewith.

3. The actions of the directors to dissolve the Corporation were unanimously approved by the shareholders on April 29, 1998, to be effective upon filing the Articles of Dissolution with the Secretary of State.

4. Dissolution of the Corporation shall be effective on the date these Articles are filed by the Secretary of State.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution this ______day of April, 1998.

COMPREHENSIVE CARE ASSOCIATES OF FLORIDA, INC. By

Kevin C. Powers, President