

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 21 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001620

1. Corporation Name
American Psych Systems, Inc.

2. Principal Office Address
6705 Rockledge Drive

Suite, Apt. #, etc.
200

City & State
Bethesda, Maryland

Zip
20817

3. Mailing Office Address
SIGN. CHARLES ST

Suite, Apt. #, etc.
500

City & State
BALTIMORE MARYLAND

Zip
21201

Country
USA

REINSTATEMENT 0-01

4. Date Incorporated or Qualified To Do Business in Florida 3/31/97 **SP**

5. FEI Number 42-1413902 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HIQ Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 East Park Avenue

Suite, Apt. #, Etc.
200

City Tallahassee

000003782370-5

~~02/27/01-01061-004~~

~~***1050.00-***1050.00~~

State FL Zip Code 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* PRES FOR HIQ CORPORATE SERVICES, INC. REGISTERED AGENT MUST SIGN

Date 2/14/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director President	Paul D. Barnes, Ph.D.	6705 Rockledge Drive, Suite 200	Bethesda, MD 20817
Director/ Secretary	Laura C. Fisher	6705 Rockledge Drive, Suite 200	Bethesda, MD 20817
Director/ Treasurer	Steven DaRe	6705 Rockledge Drive, Suite 200	Bethesda, MD 20817
Director/ CEO	Kenneth Kessler	6705 Rockledge Drive, Suite 200	Bethesda, MD 20817

10. I certify 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 eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.

SIGNATURE: *Laura C. Fisher* Laura C. Fisher 2/17/01 30-622-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)