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# Corporation Guarantee and Trust Company

701 ARCHITECTS BUILDING  
117 SOUTH 17TH STREET, PHILADELPHIA, PA 19103-5090  
TELEPHONE (215) 563-6131 • FAX (215) 563-9410

December 7, 1999

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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-12/17/99--01069--017  
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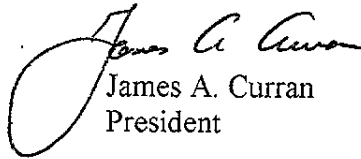
RE: MANAGED COMPREHENSIVE CARE I, INC.

Dear Sir or Madam:

Enclosed is duplicate Application for Certificate of Authority of the above company for filing with your office, together with Certificate of Good Standing and our check to cover filing fees.

Please send your usual acknowledgment and receipt to this office when the filing has been completed.

Cordially yours,

  
James A. Curran  
President

JAC/as

Enclosures

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS


**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:*

1. MANAGED COMPREHENSIVE CARE I, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW JERSEY  
(State or country under the law of which it is incorporated)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 1/3/96  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 407 BLOOMFIELD DRIVE, UNIT 2  
WEST BERLIN, NJ 08091  
(Current mailing address)
8. MANAGED HEALTH CARE ORGANIZATION  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**  
Name: EDWIN F. BLANTON, ESQ.  
Office Address: 825 THOMASVILLE ROAD  
TALLAHASSEE, Florida, 32303  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
**EDWIN F. BLANTON** (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: JOSEPH LYONS

Address: 407 BLOOMFIELD DRIVE, UNIT 2

WEST BERLIN, NJ 08091

Vice Chairman: BENJAMIN GOLDSTEIN

Address: 407 BLOOMFIELD DRIVE, UNIT 2

WEST BERLIN, NJ 08091

Director: STANLEY N. DRINKWATER, III

Address: 407 BLOOMFIELD DRIVE, UNIT 2

WEST BERLIN, NJ 08091

Director:

Address:

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: JOSEPH LYONS

Address: 407 BLOOMFIELD DRIVE, UNIT 2

WEST BERLIN, NJ 08091

Vice President: BENJAMIN GOLDSTEIN

Address: 407 BLOOMFIELD DRIVE, UNIT 2

WEST BERLIN, NJ 08091

Secretary: STANLEY N. BRINKWATER, III

Address: 407 BLOOMFIELD DRIVE, UNIT 2

WEST BERLIN, NJ 08091

Treasurer: JOSEPH LYONS

Address: 407 BLOOMFIELD DRIVE, UNIT 2

WEST BERLIN, NJ 08091

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

JOSEPH LYONS President  
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DIVISION OF CORPORATIONS  
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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

MANAGED COMPREHENSIVE CARE I, INC.

*I, the Treasurer of the State of New Jersey,  
do hereby certify that the above-named  
New Jersey Domestic Profit Corporation was  
registered by this office on January 3, 1996.*

*As of the date of this certificate, said business  
continues as an active business in good standing  
in the State of New Jersey, and its Annual Reports  
are current.*

*I further certify that the registered agent and  
registered office are:*

*Benjamin Goldstein  
191 W White Horse Pike  
Berlin, NJ 08009*

*Continued on next page . . .*

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STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

MANAGED COMPREHENSIVE CARE I, INC.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
30th day of November, 1999

*Roland M Machold*

Roland M Machold  
Treasurer

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