

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F99000006630

**FILED**  
**Apr 01, 2008**  
**Secretary of State**

**Entity Name:** MANAGED COMPREHENSIVE CARE I, INC.

**Current Principal Place of Business:**

407 BLOOMFIELD DRIVE, UNIT 2  
WEST BERLIN, NJ 08091

**New Principal Place of Business:**

**Current Mailing Address:**

407 BLOOMFIELD DRIVE, UNIT 2  
WEST BERLIN, NJ 08091

**New Mailing Address:**

FEI Number: 22-3413306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLANTON, EDWIN F  
810 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303 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: EDWIN F BLANTON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPT ( ) Delete  
Name: LYONS, JOSEPH  
Address: 407 BLOOMFIELD DRIVE, UNIT 2  
City-St-Zip: WEST BERLIN, NJ 08091

Title: W ( ) Delete  
Name: GOLDSTEIN, BENJAMIN  
Address: 407 BLOOMFIELD DRIVE, UNIT 2  
City-St-Zip: WEST BERLIN, NJ 08091

Title: SD ( ) Delete  
Name: DRINKWATER, STANLEY N  
Address: 407 BLOOMFIELD DRIVE, UNIT 2  
City-St-Zip: WEST BERLIN, NJ 08091

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH LYONS

PRES

04/01/2008

Electronic Signature of Signing Officer or Director

Date