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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

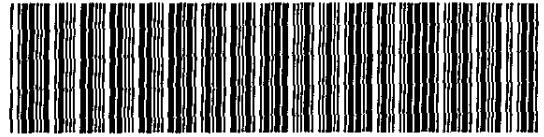
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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F02-5506
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mental Health Associates, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stephen Bush
(Name of Person)
Mental Health Associates, Inc.
(Firm/Company)
P.O. Box 209010
(Address)
Austin, TX 78720
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Stephen Bush at (512) 347-7900
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Mental Health Associates, 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. Louisiana 3. 72-1100596
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/22/87 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 10/1/02
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 9600 N. Mojac Expwy, Suite 600, Austin, TX 78759
(Principal office address)
P.O. Box 209010 Austin, TX 78720
(Current mailing address)

8. Manage a network of MBHO providers
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Susan Norris

Office Address: 1211 Semoran Blvd, Ste 355
Casselberry, Florida 32707
(City) (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.

SuNor
(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.

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TALLAHASSEE

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Wesley J. Brockhaeft
Address: 9606 N. Mopac Expwy, Suite 600
Austin, TX 78759

Vice Chairman:
Address:

Director: John L. Moore
Address: 120 Meadowcrest Street #160
Gretna, LA 70056

Director:
Address:

B. OFFICERS

President: Wesley J. Brockhaeft
Address: 9606 N. Mopac Expwy, Suite 600
Austin, TX 78759

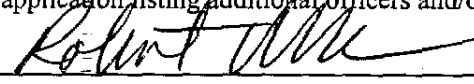
Vice President: Richard T. Wright
Address: 9606 N. Mopac Expwy, Suite 600
Austin, TX 78759

Secretary: Robert Wilson
Address: 9606 N. Mopac Expwy, Suite 600 Austin, TX 78759

Treasurer: Robert Wilson
Address: same

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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. Robert Wilson, CFO
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

State of Louisiana



Jox McKeithen

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

MENTAL HEALTH ASSOCIATES, INC.

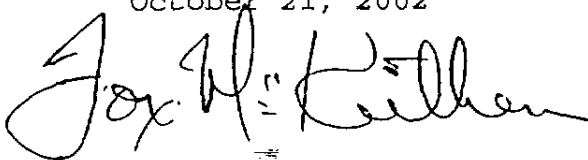
Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on October 22, 1987,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 21, 2002



BRI 34249524D

Secretary of State

