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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

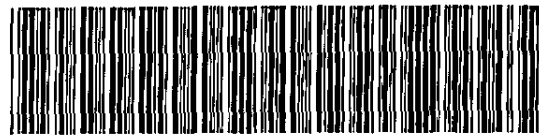
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J BRYAN JUL 12 2005

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Enuresis Treatment Center, 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:

Barbara J. Morse-Shankoff  
(Name of Person)  
Enuresis Treatment Center  
(Firm/Company)  
31500 West 13 Mile Road - Suite 100  
(Address)  
Garrisonville Hills, Miss 48334  
(City/State and Zip code)

For further information concerning this matter, please call:

Barbara Morse-Shankoff at (248) 785-1199  
(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

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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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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- Enuresis Treatment Center, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Enuresis Family Center  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
- Michigan  
(State or country under the law of which it is incorporated)
- 9.4.90  
(Date of incorporation)
- Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
- N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
- 31500 West 13 Mile Road - Suite 100 - Farmington Hills MI 48334  
(Principal office address)  
same  
(Current mailing address)
- \_\_\_\_\_  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
- Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Mr. Anthony Iymenlian or Barbara J. Moore-Saulhoff  
Office Address: 4055 Red Ridge Road  
Sarasota, Florida 34233  
(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.

Barbara J. Moore-Saulhoff  
(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.

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

**A. DIRECTORS**

Chairman: N/A

Address: \_\_\_\_\_

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS**

President: Barbara J. Moore-Danuloff

Address: 31500 Ft. 13-mile Road - Suite 100  
Furrington Hills, Va 48334

Vice President: N/A

Address: \_\_\_\_\_

Secretary: N/A

Address: \_\_\_\_\_

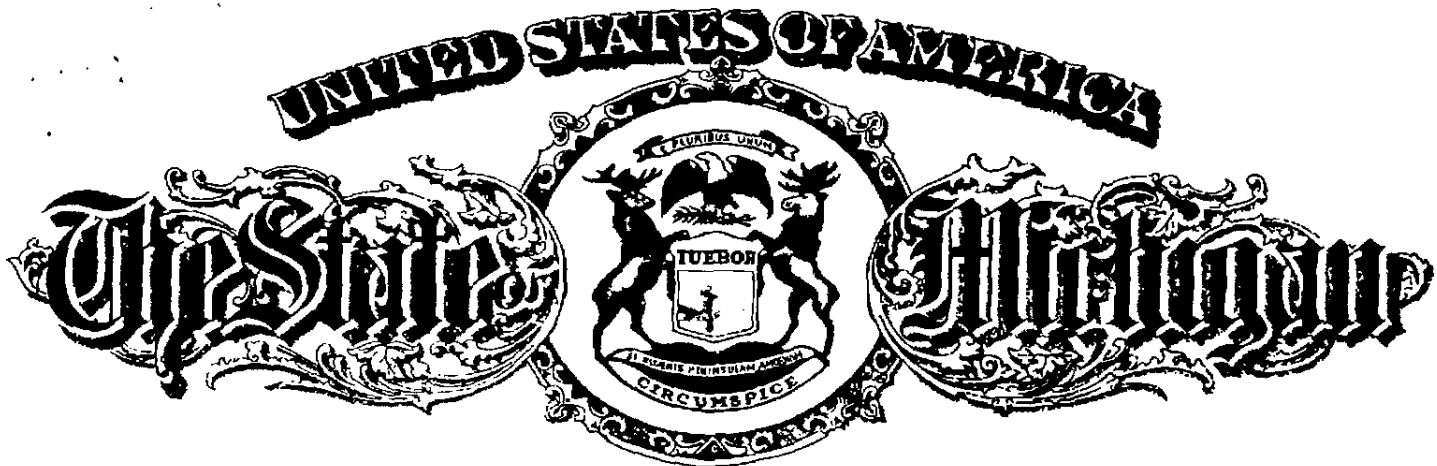
Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Barbara J. Moore-Danuloff  
(Signature of Director or Officer listed in number 12 of the application)

14. Barbara J. Moore-Danuloff  
(Typed or printed name and capacity of person signing application)



Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

**ENURESIS TREATMENT CENTER, INC.**

was validly incorporated on September 4, 1990, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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TALLAHASSEE FLORIDA

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 28th day of June, 2005.

*Andrew S. Mitchell*, Director

Bureau of Commercial Services