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SECRETARY OF STATE
DIVISION OF CORPORATIONS

0-12011



INTEGRATED PSYCHOLOGICAL SERVICES
EMPLOYEE ASSISTANCE PROGRAMS INC.

RECEIVED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 13, 2011

Florida Dept. of State Division of Corporations Attn: Pam Smith PO Box 6327 Tallahassee, FL 32314

Reference No: W11000059448

Dear Ms. Smith:

I apologize for my confusion in providing the correct form to verify the Good Standing of Matrix in the state of Ohio, relevant to our application to do business in the state of Florida. Our application with the State of Florida lists our agent in your state as:

Heather R. Malkoff, Psy.D., MBA 20191 E. Country Club Dr. Suite B Aventura, FL 33180

Previous application listed the Suite Number as CU-B. However, this was an error. Suite B is the correct address.

I hope this will complete the requirements of our application. However, if any issues should remain, please feel free to contact me.

Toby Portman

Cordially,

**Executive Vice President** 

NATIONAL HEADQUARTERS: 2 EASTON OVAL, SUITE 450 COLUMBUS, OHIO 43219

> UPPER ARLINGTON OFFICE: 1405 DUBLIN ROAD, SUITE 150 COLUMBUS, OHIO 43215

WORTHINGTON OFFICE:
110 NORTHWOODS BOULEVARD, SUITE 8-1
COLUMBUS, OHIO 43235



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2011

TOBY PORTMAN ANCE PROGRAMS INC. 2 EASTON OVAL, SUITE 450 COLUMBUS, OH 43219

SUBJECT: MATRIX INTEGRATED PSYCHOLOGICAL SERVICES AND

EMPLOYEE ASSISTANCE PROGRAMS INC.

Ref. Number: W11000059448

We have received your document for MATRIX INTEGRATED PSYCHOLOGICAL SERVICES AND EMPLOYEE ASSISTANCE PROGRAMS INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist'II

Letter Number: 411A00026539

#### **COVER LETTER**

	ew Filing Section ivision of Corporations
SUBJEC	T: Matrix Integrated Psychological Services and Employee Assistance Programs Inc
	Name of corporation - must include suffix
Dear Sir o	r Madam:
"Certifica	sed "Application by Foreign Corporation for Authorization to Transact Business in Florida," te of Existence," or "Certificate of Good Standing" and check are submitted to register the trenced foreign corporation to transact business in Florida.
Please ret	arn all correspondence concerning this matter to the following:
Toby F	ortman
	Name of Person
Matrix	ntegrated Psychological Services and Employee Assistance Programs Inc.
	Firm/Company
2 Eas	ton Oval, Suite 450
	Address
Colum	bus, OH 43219
	City/State and Zip code
tportma	n@matrixpsych.com
	E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
Toby F	ortman at ( 614 ) 475-9500
1	lame of Person Area Code & Daytime Telephone Number
N C 2 T	TREET/COURIER ADDRESS:  ew Filing Section  ivision of Corporations  lifton Building  661 Executive Center Circle  allahassee, FL 32301  is a check for the following amount:
	700 Filing Fee & Status Status Status See & Certified Copy Sertificate 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.

	orp," "Inc," "Co," or "Corp.")			
	ological Services		antal for the number of transacting husiness	in Florida)
	ible in Florida, enter alternate cor		opted for the purpose of transacting business	ili rionda)
<sub>2.</sub> Ohio			1-1446811	<del></del>
(State or country	under the law of which it is incorp	orated)	(FEI number, if applicable)	
<sub>4.</sub> Nov. 1995	·	5. <b>p</b>	erpetual	
(Date	of incorporation)	(	Duration: Year corp. will cease to exist or "	perpetual")
<sub>6.</sub> Jan. 1, 2012	2			3 SE
·	(Date first transacte		lorida, if prior to registration) 2, F.S., to determine penalty liability)	SOF OF CO
<sub>7</sub> 2 Easton O	val, Suite 450, Colum	bus, OH 4	3219	9 8
		al office addres		PH
same as a	bove			PH 2:
	(Current	mailing addres	(s)	2: 05
	ical counseling			
(Purpose(s	) of corporation authorized in hor	ne state or cour	try to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered	agent: (P.O.	Box NOT acceptable)	•
Name:	Heather Malto	IF, Pay	Q, MBA, + Associat	e5
Office Address:	20191 E. Country Club D	r., Suite <i>B</i>	· · · · · · · · · · · · · · · · · · ·	
	Aventura		, Florida <u>33180</u>	
	(City)		(Zip code)	

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.

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: \_\_\_\_\_\_ Vice Chairman: \_\_\_\_\_ Address: Address: \_ **B. OFFICERS** President: Kurt Malkoff, Ph.D. Address: 2 Easton Oval, Suite 450 Columbus, OH 43219 Vice President: Toby Portman Address: 2 Easton Oval, Suite 450 Columbus, OH 43219 Secretary: Leslie Malkoff Address: 2 Easton Oval, Suite 450, Columbus, OH 43219 Treasurer: Heather Malkoff Address: 20191 E. Country Club Dr., Suite B Aventura, FL 33180 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

## United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MATRIX INTEGRATED PSYCHOLOGICAL SERVICES AND EMPLOYEE ASSISTANCE PROGRAMS, INC., an Ohio corporation, Charter No. 918097, having its principal location in Gahanna, County of Franklin, was incorporated on September 20, 1995 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of December, A.D. 2011

**Ohio Secretary of State** 

Validation Number: V2011347DB3D4C