

P 11 000066977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

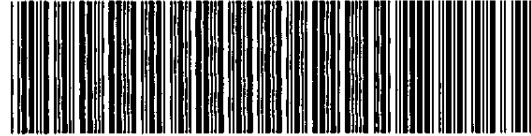
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24th JUL 25 AM 10:45

FILED

3. Shivers JUL 26 2011

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: domestication

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

FILED
2PM JUL 25 AM 13:45
TALLAHASSEE, FL 32314
SECRETARY OF STATE

CERTIFICATE OF DOMESTICATION

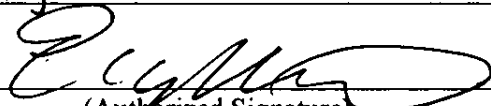
The undersigned, Eric Moore, President,
(Name) (Title)

of Medical Psychiatric Consultants, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was May 02, 2006
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Delaware
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Medical Psychiatric Consultants Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Medical Psychiatric Consultants, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was State of Delaware
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Medical Psychiatric Consultants, Inc.
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 22 day of July, 2011


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 25 AM 10:45

FILED

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

medical psychiatric consultants, inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

424 Timberwalk lane
lake mary, FL 32744

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

to provide medical services to psychiatric patients

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Eric Moore
424 Timberwalk lane
lake mary, FL 32746

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Eric Moore
424 Timberwalk lane
lake mary FL 32746

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Eric Moore
424 Timberwalk lane
lake mary, FL 32746

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

Date

7/22/11

Signature/Incorporator

Date

7/22/11

2PM JUL 25 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED