

P12000024579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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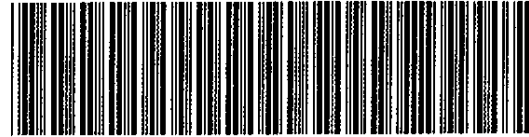
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAR 12 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/H

COVER LETTER

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

SUBJECT: Psychiatric Solutions, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM:

Mark Sylvester

Name (Printed or typed)

7831 NW 35th Pl

Address

Gainesville, FL 32606

City, State & Zip

(352) 665-1478

Daytime Telephone number

Sylvester@ufl.edu

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Psychiatric Solutions, Inc

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

7831 NW 35th Pl
Gainesville, FL 32606

12 MAR 12 PM 3:33
Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide psychiatric and addiction medicine evaluation and treatment management services to a variety of patients in outpatient clinical and inpatient hospital settings

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Sylvester, President
Address: 7831 NW 35th Pl
Gainesville, FL 32606

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mark Sylvester
Address: 7831 NW 35th Pl
Gainesville, FL 32606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Sylvester
Address: 7831 NW 35th Pl
Gainesville, FL 32606

Having been named as registered agent 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

Mark Sylvester

Required Signature/Registered Agent

3/5/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Mark Sylvester

Required Signature/Incorporator

3/5/12
Date