

BO2000000376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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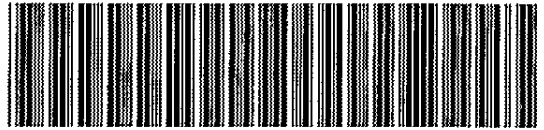
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

BK

# MHNet

**MENTAL HEALTH NETWORK**  
SUPERIOR QUALITY OF CARE,  
SUPERIOR CLINICAL OUTCOMES.

November 12, 2002

Department of State  
Attn: Buck Kohr  
P.O. Box 6327  
Tallahassee, FL 32314

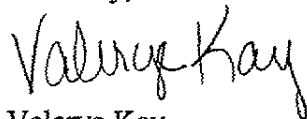
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TALLAHASSEE, FLORIDA

Dear Mr. Kohr:

Please find enclosed a check in the amount of \$35.00 to the Florida Department of State. This is the omitted filing fee pertaining to the certificate of authority for Mental Health Network Institutional Services, L.P.

If you have any questions or require any additional information please contact me by phone at (512) 347-7900.

Sincerely,



Valerye Kay  
MHNet  
Finance Dept.

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**America's Mental Health and Substance Abuse Treatment System**

**9606 NORTH MOPAC EXPRESSWAY • SUITE 600 • AUSTIN, TX 78759**  
**P.O. BOX 209010 • AUSTIN, TX 78720**  
**(512) 347-7900 FAX (512) 347-1810**



**MENTAL HEALTH NETWORK**  
SUPERIOR QUALITY OF CARE.  
SUPERIOR CLINICAL OUTCOMES.

October 28, 2002

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

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02 NOV 18 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Enclosed is the application for a foreign partnership to transact business in the state of Florida, along with the filing fee. Should you have any questions pertaining to the application, please contact Stephen Bush at (512) 347-7900. The acknowledgement can be sent to MHNIS, L.P. at P.O. Box 209010, Austin, TX 78720.

Thank you,

Valerye Kay  
MHNIS, L.P.  
Finance

Enclosures

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**America's Mental Health and Substance Abuse Treatment System**

**9606 NORTH MOPAC EXPRESSWAY • SUITE 600 • AUSTIN, TX 78759**

**P.O. BOX 209010 • AUSTIN, TX 78720**

**(512) 347-7900 FAX (512) 347-1810**

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Mental Health Network Institutional Services, L.P.  
(Name of limited partnership as it is in the home state)
2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;  
must contain the word "LIMITED" or "LTD.")

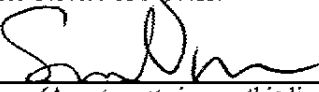
3. Texas 4. December 30, 1997  
(State of Formation) (Date of Formation)

5. Susan Norris  
(Name of Registered Agent for Service of Process)

6. 1211 Semoran Blvd, Suite 355  
(Street Address of Registered Office)

Casselberry, Florida 32707  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

  
\_\_\_\_\_  
(Agent must sign on this line)

8. 9606 N. Mopac Expwy, Stonebridge Plaza 1, Suite 600  
Austin, TX 78759  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Mental Health Network Institutional Services, Inc.

9606 N. Mopac Expwy, Stonebridge Plaza 1, Suite 600, Austin, TX 78759

10. 9606 N. Mopac Expwy, Stonebridge Plaza 1, Suite 600, Austin, TX 78759  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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FO2000005611

12. P.O. Box 209010

Austin, TX 78720

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 15th day of October, 2002

[Signature]  
General Partner

STATE OF Texas

COUNTY OF Travis

On this 15th day of October, 2002

Wesky Broekhoeft, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)

Jennifer Bedre  
(Notary's Printed Name)

Seal

My Commission Expires: June 12, 2005



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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Wesley J. Brockhoeft,  
a general partner of Mental Health Network Institutional Services, LP, a (an) Texas  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 15th day of October, 2002.

  
\_\_\_\_\_  
General Partner

STATE OF Texas

COUNTY OF Travis

On this 15th day of October, 2002,

Wesley Brockhoeft, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

Jennifer Bedre  
(Notary's Printed Name)

Seal      My Commission Expires: June 12, 2005



FILED  
02 NOV 18 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA