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840594/7875U

March 27, 2001

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

MEDPsych Franchise Corporation

**Filing Evidence**

☐ Plain/Confirmation Copy

☒ Certified Copy

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

**Type of Document**

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to include  
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
01 MAR 27 PM 9:46  
TALLAHASSEE, FLORIDA  
RECEIVED  
01 MAR 27 PM 3:35  
TALLAHASSEE, FLORIDA

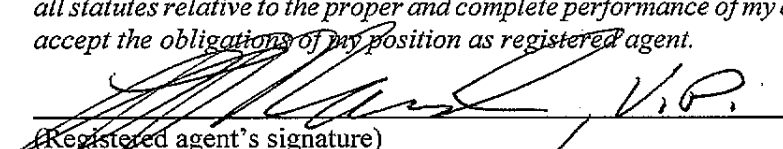
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\*\*\*\*78.75 \*\*\*\*78.75

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

1. MEDPsych Franchise Corporation  
(Name of Corporation)
2. Delaware  
(State or Country under the law of which it is incorporated)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. August 23, 1999  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida or "upon qualification")
7. 4984 Palm Coast Parkway, N.W., Suite 5, Palm Coast, FL 32137  
(Principal office address)  
4984 Palm Coast Parkway, N.W., Suite 5, Palm Coast, FL 32137  
(Current mailing address)
8. Sells franchise opportunities  
(Purpose of corporation)
9. Name and street address of Florida registered agent:  
  
Name: Palmetto Charter Services, Inc.  
Office Address: 150 Magnolia Avenue  
Daytona Beach, FL 32115  
(City) (Zip Code)
10. Registered agents 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.*  
  
(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.

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TALLAHASSEE FLORIDA

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

A. Directors

Director: Peter B. Silvain  
Address: 4984 Palm Coast Parkway, N.W., Suite 5  
Palm Coast, FL 32137

Director: Pamela H. Silvain  
Address: 4984 Palm Coast Parkway, N.W., Suite 5  
Palm Coast, FL 32137

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

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

B. Officers

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

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

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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

13. Peter B. Silvain  
(Signature of officer)

14. Peter B. Silvain  
(Typed or printed name and capacity of person signing application)

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*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDPSYCH FRANCHISE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDPSYCH FRANCHISE CORPORATION" WAS INCORPORATED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1041138

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DATE: 03-23-01