

F0200000 5502

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Algorithms for Behavioral Care Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Geoffrey Gray
(Name of Person)
Algorithms for Behavioral Care Inc.
(Firm/Company)
1001 North A1A Suite 110
(Address)
Jupiter, FL 33477
(City/State and Zip code)

000007471860--0
-09/03/02--01045--008
*****70.00 *****70.00

For further information concerning this matter, please call:

Geoffrey Gray at (561) 747-8054
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
02 NOV - 1 PM 5:36
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

September 4, 2002

GEOFFREY GRAY
ALGORITHMS FOR BEHAVIORAL CARE INC.
1001 ALT. A1A, SUITE 110
JUPITER, FL 33477

SUBJECT: ALGORITHMS FOR BEHAVIORAL CARE INC.
Ref. Number: W02000025572

02 NOV - 1 PM 5:36
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ALGORITHMS FOR BEHAVIORAL CARE INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Please note that we have ALSO RETAINED your \$70.00 payment.

In addition to the application you must submit a CERTIFICATE OF EXISTENCE from the Secretary of State of Connecticut dated within the past 90 days.

Also, your application states that the corporation has been transacting business in Florida since January 1, 2001. If that is so, then penalty fees are owed.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 302A00050989

Algorithms for Behavioral Care, Inc. (dba OQ Systems)
1001 Alternate A 1 A, Ste 110
Jupiter, FL 33477
561-747 6054/www.oqsystems.com

02 NOV - 1 PM 3:36
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

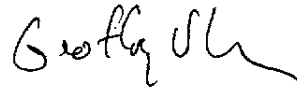
Division of Corporations
Buck Cohr
PO Box 6327
Tallahassee, FL 32314

September 11, 2002

Dear Mr. Cohr:

This affidavit is to indicate that our company, Algorithms for Behavioral Care, Inc., became fully operational in Florida in January of 2002. In a previous filing we put down the operational date of 1/1/01. Our principals did not move from Connecticut to Florida until the fall of 01. The business was moved down to Florida in the fall of 01 and business was transacted in January of 2002.

Sincerely,



Geoffrey V. Gray, Ph.D.
President

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.

02 NOV - 1 PM 5:36
FILED
FLORIDA

1. Algorithms for Behavioral Care Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. CT

(State or country under the law of which it is incorporated)

3. 06-1334173

(FEI number, if applicable)

4. 1/1/92

(Date of incorporation)

5. _____

(Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/01

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1001 North A1A Suite 110, Jupiter, FL 33477

(Principal office address)

1001 North A1A Suite 110, Jupiter, FL 33477

(Current mailing address)

8. Software Consulting

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Geoffrey Gray

Office Address: 1001 North A1A Suite 110

Jupiter

(City)

, Florida 33477

(Zip code)

10. Registered agent's 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.

Geoffrey Gray

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
NOV - 1 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Geoffrey Gray

Address: 1001 ^{Alt.} ~~North~~ AIA Suite 110

Jupiter, FL 33477

Vice President: Maureen Hart

Address: 1001 Alternate AIA, Stello

Jupiter, FL 33477

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Geoffrey Gray
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Geoffrey Gray, President
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

ALGORITHMS FOR BEHAVIORAL CARE, INC.

incorporated under the laws of Connecticut is in existence

FILED
02 MON - 1 PM 5 36
STATE
TALLAHASSEE, FLORIDA

Susan Bysiewicz

Secretary of the State

Date Issued: October 18, 2002