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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

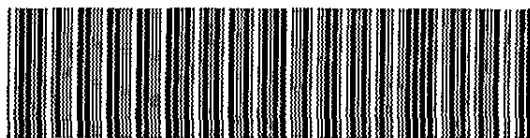
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DFC

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mental Health Network Institutional Services, 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:

Stephen Bush

(Name of Person)

Mental Health Network Institutional Services, Inc.

(Firm/Company)

P.O. Box 209010

(Address)

Austin, TX 78720

(City/State and Zip code)

For further information concerning this matter, please call:

Stephen Bush

(Name of Person)

at ( 512 ) 347-7900

(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

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|--|---|---|

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NOV - 1 AM '99  
TALLAHASSEE, FLORIDA

**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.*

1. Mental Health Network Institutional Services, 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. Louisiana

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

3. 72-1337682

(FEI number, if applicable)

4. September 25, 1996

(Date of incorporation)

5. Perpetual

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

6. Upon qualification

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

(Principal office address)

P.O. Box 209010, Austin, TX 78720

(Current mailing address)

8. Management company

(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: Susan Norris

Office Address: 1211 Semoran Blvd, Suite 355

Casselberry

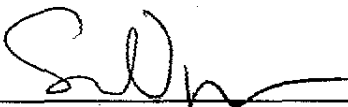
(City)

32707

(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.*



(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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NOV - 1 AM 11:19  
SECRET  
STATE  
FLORIDA

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

A. DIRECTORS

Chairman: Wesley J. Brockhoeft

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

Vice Chairman:

Address:

Director: John Moore

Address: 120 Meadowcrest Street #160  
Gretna, LA 70056

Director:

Address:

B. OFFICERS

President: Wesley J. Brockhoeft

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

Vice President: Richard Wright

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

Secretary: Robert Wilson

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

Treasurer: Robert Wilson

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

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

13.

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

14.

Wesley Brockhoeft, President and CEO

(Typed or printed name and capacity of person signing application)

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STATE  
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA  
**State of Louisiana**

**Jox McKeithen**

SECRETARY OF STATE

*As Secretary of State, of the State of Louisiana, I do hereby Certify that*

the Articles of Incorporation of

MENTAL HEALTH NETWORK INSTITUTIONAL SERVICES, INC.

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on September 25, 1996;

I further certify that no Certificate of Dissolution has been issued.

*In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,*

October 21, 2002

*Jox McKeithen*

BRI 34538872D

*Secretary of State*



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TALAHASSEE FLORIDA