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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 4, 2003

RUTH CHIANG 5601 W. SLAUSON AVENUE, SUITE 200 CULVER CITY, CA 90230

SUBJECT: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH.

MENTAL AND SOCIAL SERVICES

Ref. Number: W03000036587

We have received your document for PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL AND SOCIAL SERVICES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 503A00065337

## TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations						
erib i		PROTOTYPES					
SOBJ	ECT:	(Name of Corporation – r	nust include suffix)				
Dear S	Sir or Madam:			ation to Conduct îts			
The er Affair not for	nclosed "Applica s in Florida", "Ce profit corporation	ion by Foreign Not for Profit Continue of Existence", and checon to conduct its affairs in Floric	orporation for Authorizels are submitted to regista.	ster the above referenced			
Please	return all corres	condence concerning this matter	to the following:	PH			
		Ruth Chiang		1: 38 38			
		(Name of Pe	erson)	3 S			
		(Firm/Com	nany)				
		(i niii/Com	party)				
		5601 W. Slauson	Ave., Suite 200				
		(Addres	s)				
		Culver City, CA	90230				
		(City/State and 2	Zip Code)				
For fu	rther information	concerning this matter, please o	all:				
	aine Perry	at ( <sup>31</sup>	0 641-7795 rea Code & Daytime T				
(	Name of Person	) (A	rea Code & Daytime T	elephone Number)			
Registi Divisio 409 E.	ET ADDRESS: ration Section on of Corporation Gaines St. assee, FL 32399	ıs	MAILING ADDRES Registration Section Division of Corporation P. O. Box 6327 Tallahassee, FL 3231	ons			
Enclos	ed 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			

## MISSION STATEMENT

PROTOTYPES is a nonprofit organization established in 1986 to promote health and psychosocial well-being on an individual, family and organizational level, through health, mental health and substance abuse services.

Its mission is to develop innovative models of service delivery to meet emerging community needs, to implement pilot tests of these models, refine the models based on research data, then disseminate the models to others through training and consultation

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

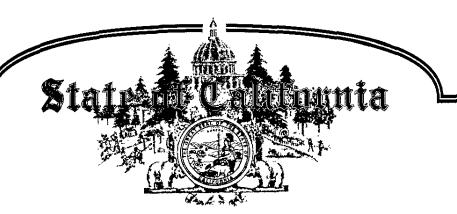
1	PROTOTYPES	3, INC. Centers f	or Innov	ation in Hea	ılth, Ment	al and Soca	il Services		
	in language as w	ill clearly indicate	that it is a c	INCORPORATEI orporation instead as a corporate suf	of a natural per	rson or partnersh	rds or abbreviations ip if not so contained	of like in I in the n	iport ime at
2.	Califor	nia		3	·	95-4092046	ber, if applicable)		
	•								
4.	12/15/8	6	71. 3	5	/D	Perpetual	cease to exist or "pe	<u> </u>	<u> </u>
	09/30/0		uonj		(Duration	: Year corp. wiii	cease to exist or "pe	ipeulaid.)	
0.	(Date corr	poration first cond	ucted Affair:	s in Florida - See s	ections 617.15	01, 617.1502, an	d 817.155, F.S.)	-10	<u> </u>
7.	5601 W. S	lauson Ave.	, Suite	200, Culver	City, CA	90230		_₽	
				•	fice address)				NA NA
	<u>5601 W. S</u>	lauson Ave.	. Suite	200, Culver (Current mai	City, CA	90230		_ <u></u> 38	<u>==</u>
				(Current man	ing address)				S
8.	See Att	ached	noration auti	porized in home st	ate or country t	o be carried out	n the state of Florida	<u> </u>	
	'	(Parposes) or cor	poration acc	nonzea in nome se	aic or country t	o be outlied out	11 010 00000 01 1 101100	<del></del> )	
9.	Name and str	<u>eet address</u> of F	lorida reg	istered agent: (1	P.O. Box or M	Iail Drop Box <u>I</u>	NOT acceptable)		
	Name: _	Andrea Bla	nch						
0	ffice Address:	520 Ralph	Street		<u>.</u>				
		Savasota			, Florida	34242			
	_		(City)			(Zip	Code)		
1	Having been 1	agent's accepta named as registe	ered agent d	and to accept se	rvice of proce	ss for the abov	e stated corporation	on at the	place
	I further agre	e to comply with	h the provis	ccept the appoir sions of all statu 14ths obligations	tes relative to	the proper and	nd agree to act in d complete perfort l agent	this cape mance o	acity. f my
	auties, una r	m jumawa wan	and accep	e in obiguions	oj ingriosaic	m us registered	ugent.		
					// _				
		/		MA		)			
		·····		(Registered as	ent's signature	)			•
1							to delivery of this corporate records		ion to

jurisdiction under the law of which it is incorporated.

## $_{\rm sr}$ 12, Names and addresses of officers and/or directors:

### A. DIRECTORS

Chairman: Ha	arold Prueff, Ph.D.	
Address: 4(	05 Hilgard Ave., 4223 Math Sciences Building os Angeles, CA 90095-1556	
Vice Chairman:_	Maryann Fraser, LCSW, MBA	
Address:	5601 W. Slauson Ave., Suite 200	
	Culver City, CA 90230	_5
Director:	Karen Pointer, Esq. ▷	<u>: :</u> د: نــــ
Address:	11755 Wilshire Blvd., Suite 2240	 د ر.
	Los Angeles, CA 90025	3) 11 21
Director:	Marvin Karno, M.D.	SHOLVED
Address:	760 Westwood Plaza	<del></del>
	Los Angeles, CA 90024-1759	<del></del>
B. OFFICER	······································	
President:	Vivian Brown, Ph.D.	
Address:	5601 W. Slauson Ave., Suite 200	_
	Culver City, CA 90230	
Vice President:_	Maryann Fraser, LCSW, MBA	_
Address:	5601 W. Slauson Ave., Suite 200	
<del></del>	Culver City, CA 90230	_
Secretary:	Arnold J. Stone, Esq.	_
Address:	2001 Wilshire Blvd., Suite 510, Santa Monica, CA 90403	
Treasurer:	Janice Fogg, Esq.	
Address:	1888 Century Park East, #1550, Los Angeles, CA 90067	-
	essary, you may attach an addiendum to the application listing additional officers and/or directors.	
13(S	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	-
14	Vivian Brown, CEO (Typed or printed name and capacity of person signing application)	-



#### SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the 15TH day of DECEMBER, 1986, PROTOTYPES, CENTERS FOR INNOVATION IN HEATH, MENTAL HEALTH AND SOCIAL SERVICES became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of **December 11, 2003.** 

KEVIN SHELLEY Secretary of State