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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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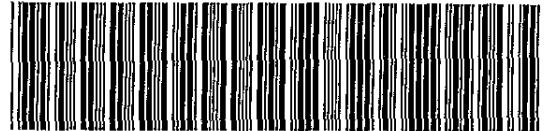
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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JORGE L. CRUZ

Via: Fedex

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

January 8, 2004

To Whom It May Concern:

Enclosed you will find three(3) completed and signed applications for a "Foreign Corporation for Authorization to Transact Business in Florida" and the associated checks each in the amount of \$70.00 for the filing fees associated with the creation of the following for-profit corporations listed below.

1. Psychotherapeutic Services, Inc
2. Psychotherapeutic Rehabilitation Services, Inc.
3. Psychotherapeutic Treatment Services, Inc.

Thank you in advance for your attention to this matter and if I might be of any assistance please do not hesitate to call or e-mail me.

Sincerely yours,

Elton Eastman,
Paralegal for the Firm.

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSYCHOTHERAPEUTIC 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:

ALBERT BLAIR

(Name of Person)

DANIELS, KASHTAN, DOWNS & ROBERTSON

(Firm/Company)

3300 PONCE DE LEON BLVD.

(Address)

CORAL GABLES, FL. 33134

(City/State and Zip code)

For further information concerning this matter, please call:

JOHN SIGLER

(Name of Person)

at (302) 678-9962

(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

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TALLAHASSEE, FLORIDA

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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

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. PSYCHOTHERAPEUTIC SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELEWARE 3. 52-1586206
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8-24-88 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATIONS
(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. 942 WALKER ROAD, SUITE B, DOVER, DE., 19904
(Principal office address)

SAME AS ABOVE
(Current mailing address)

8. ANY AND ALL ACTIVITY FOR WHICH PROFIT CORPORATIONS MAY BE ORGAN
(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)

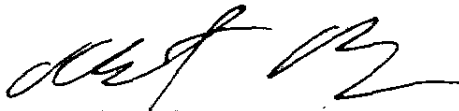
Name: ALBERT BLAIR

Office Address: 3300 PONCE DE LEON BLVD.

CORAL GABLES, Florida 33134
(City) (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.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORS

Chairman: D. CHERREY JONES
Address: 942 WALKER ROAD, SUITE B
DOVER, DE. 19904
Vice Chairman: RALPH S. WOLF, D.O.
Address: 942 WALKER ROAD, SUITE B
DOVER, DE. 19904
Director: RANDALL C. COPPER
Address: 942 WALKER ROAD, SUITE B
DOVER, DE. 19904
Director: N/A
Address: _____

B. OFFICERS

President: D. CHERREY JONES
Address: 942 WALKER ROAD, SUITE B
DOVER, DE. 19904
Vice President: RALPH S. WOLF, D.O.
Address: 942 WALKER ROAD, SUITE B
DOVER, DE. 19904
Secretary: RALPH S. WOLF, D.O.
Address: 942 WALKER ROAD, SUITE B, DOVER, DE. 19904
Treasurer: RANDALL C. COPPER
Address: 942 WALKER ROAD, SUITE B, DOVER, DE. 19904

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TALLAHASSEE, FLORIDA

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

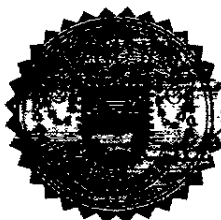
13. D. Cherrey Jones
(Signature of Director or Officer listed in number 12 of the application)
14. D. CHERREY JONES CEO/PRESIDENT
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSYCHOTHERAPEUTIC SERVICES, INC." 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 ELEVENTH DAY OF DECEMBER, A.D. 2003.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2806135