

FD4000004197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

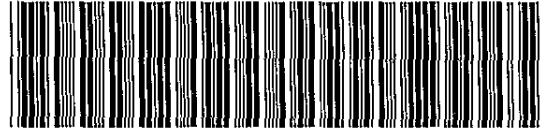
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500039332285

07/22/04--01008--014 **78.75

FILED

04 JUL 22 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 JUL 22 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446

FILED
04 JUN 2002
PH 1:59
TALLAHASSEE, FLORIDA
OFFICE USE ONLY

WALK-IN FILING

CORPORATION NAME

1. AMERICAN PSYCHIATRIC PARTNERS, INC.

CHECK # 1289

AMOUNT \$78.75

PLEASE RETURN THE FOLLOWING:

XXX CERTIFIED COPY _____ PLAIN PHOTOCOPY

_____ CERTIFICATE OF GOOD STANDING / STATUS

DOCUMENT TYPE:

_____ NEW FILING

_____ AMENDMENT

XXX REGISTRATION / QUALIFICATION

_____ OTHER _____

Examiner's Initials

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN PSYCHIATRIC PARTNERS, INC.

(Name of corporation - must include suffix)

FILED
04 JUL 22 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

(Name of Person)

Paranet Corporation Services, Inc.

(Firm/Company)

3761 Venture Drive, Suite 260

(Address)

Duluth, GA 30096

(City/State and Zip code)

For further information concerning this matter, please call:

_____, at (800) 277-9977
(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

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. ☐ **AMERICAN PSYCHIATRIC PARTNERS, 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. **Georgia**

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

3. _____

(FEI number, if applicable)

4. **September 2, 2003**

(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. **401 Chestnut Street, Suite 200, Chattanooga, TN 37402**

(Principal office address)

401 Chestnut Street, Suite 200, Chattanooga, TN 37402

(Current mailing address)

8. **Providing psychiatric health management services to institutional clients, like hospitals.**

(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: **NRAI Services, Inc.**

Office Address: **526 E. Park Avenue**

Tallahassee

(City)

Florida 32301

(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.

NRAI Services, Inc.

By: 

(Registered agent's signature)

Jeff M. Higdon, Special Assistant Secretary

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:

04 JUL 22 PM 2:00
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

A. DIRECTORS

Chairman: **SEE ATTACHED**

Address: _____

Vice Chairman: **SEE ATTACHED**

Address: _____

Director: **SEE ATTACHED**

Address: _____

Director: **SEE ATTACHED**

Address: _____

B. OFFICERS

President: **R. Wayne Pollard**

Address: **401 Chestnut Street, Suite 200, Chattanooga, TN 37402**

Vice President: _____

Address: _____

Secretary: **Kimberly J. Hutchinson**

Address: **401 Chestnut Street, Suite 200, Chattanooga, TN 37402**

Treasurer: **Mellanee E. Walls**

Address: **401 Chestnut Street, Suite 200, Chattanooga, TN 37402**

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. **Kimberly J. Hutchinson, Secretary**
(Typed or printed name and capacity of person signing application)

Attached list of Officers & Directors for
AMERICAN PSYCHIATRIC PARTNERS, INC.

Officers:

R. Wayne Pollard, President
401 Chestnut Street
Suite 200
Chattanooga, TN 37402

Mellanee E. Walls, Treasurer
401 Chestnut Street
Suite 200
Chattanooga, TN 37402

Kimberly J. Hutchinson, Secretary
401 Chestnut Street
Chattanooga, TN 37402

Directors:

R. Wayne Pollard
1815 Martha's Bridge Road
Dalton, GA 30720

J. Craig Wandelt
5508 Millstone Drive
Ooltewah, TN 37363

Roger W. Glass
2421 Royal Fern Trail
Chattanooga, TN 37421

E. Stan Caummissar, Jr.
2182 Kimbrough Woods Place
Germantown, TN 38139

David W. Jolly
3214 Indian Wells Drive
Maryville, TN 37801

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0352490
DATE INC/AUTH/FILED: 09/02/2003
JURISDICTION : GEORGIA
PRINT DATE : 07/21/2004
FORM NUMBER : 211

PARANET CORPORATION SERVICES, INC.
EILEEN CHADDOCK
3761 VENTURE DRIVE, SUITE 260
DULUTH, GA 30096

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

AMERICAN PSYCHIATRIC PARTNERS, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040721160422469



Cathy Cox
Secretary of State