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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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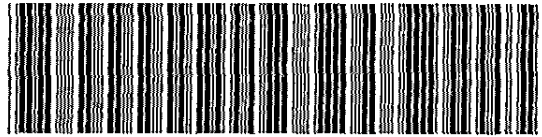
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clinical Services Management, P.C.
(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:

Peter Pastras
(Name of Person)
Clinical Services Management, P.C.
(Firm/Company)
6 Prospect Street, Suites 3B-C
(Address)
Midland Park, New Jersey 07432
(City/State and Zip code)

For further information concerning this matter, please call:

Peter Pastras at (201) 652-4702
(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

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**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. Clinical Services Management, P.C.
(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. State of New Jersey 3. 22-3524246
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 18, 1997 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. June 14, 1999 - Contracted with the State of Florida, Attorney General's Office (please see attachment)
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6 Prospect Street, Suites 3B-C, Midland Park, NJ 07432
(Principal office address)

6 Prospect Street, Suites 3B-C, Midland Park, NJ 07432
(Current mailing address)


8. Behavioral healthcare 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 NOT acceptable)

Name: Craig R. Blum
Office Address: 6510 Floridana Avenue
Melbourne Beach, Florida 32951
(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:

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A. DIRECTORS

Chairman: None

Address: _____

Vice Chairman: None

Address: _____

Director: None

Address: _____

Director: None

Address: _____

B. OFFICERS

President: Peter Pastras

Address: 107 Martha Road

Harrington Park, New Jersey 07640

Vice President: Charles Higgins

Address: 141 Allamuchy Road

Andover, New Jersey 07821

Secretary: Nancy Saxton-Lopez

Address: 191 Orchard Place, Ridgewood, New Jersey 07450

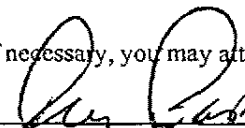
Treasurer: Nancy Saxton-Lopez

Address: 191 Orchard Place, Ridgewood, New Jersey 07450

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

13. X

 LCSW

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

14. _____

Peter Pastras, President

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

**ADDENDUM
TO
"APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA"
FOR
CLINICAL SERVICES MANAGEMENT, P.C.**

Question 6.

Clinical Services Management, P.C. first transacted business in Florida on June 14, 1999, as an out-of-state vendor under a contract with the State of Florida, Office of the Attorney General to provide consulting services in a legal matter. Since that time Clinical Services Management, P.C. continues to transact business with the State of Florida under several similar contracts with the State of Florida, Office of the Attorney General as an out-of-state vendor and is a registered vendor with the State of Florida.

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TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

CLINICAL SERVICES MANAGEMENT, P.C.
0100710411

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on June 18, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

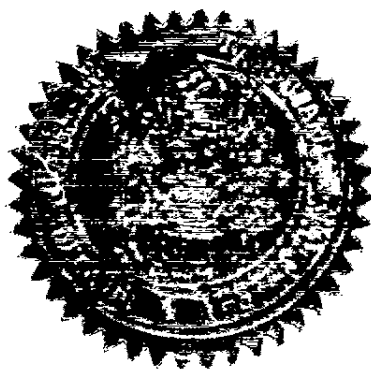
I further certify that the registered agent and registered office are:

Anthony J. Davis
C/O Cummings & Davis
The Atrium Suite 220 E 80 Rt. 4
Paramus, NJ 07652

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

CLINICAL SERVICES MANAGEMENT, P.C.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
3rd day of September, 2004

A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA
State Treasurer