

F06000000335

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000014753 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

06 JAN 18 PM 2:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Central Florida Behavioral Hospital, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

UH

**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. Central Florida Behavioral Hospital, 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. Delaware 3. Applied For  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/17/2006 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 03/01/2006  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 367 South Gulph Road, King of Prussia, PA 19406  
(Principal office address)

same  
(Current mailing address)

8. own and operate a behavioral health facility.  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System

By: Connie Brown / Special Assistant Secretary  
(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:

FILED  
06 JAN 18 PM 2:17  
STATE OF FLORIDA

FILED

06 JAN 18 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS SEE ATTACHMENT**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Debra K. Osteen

Address: 367 South Gulph Road

King of Prussia, PA 19406

Director: Steve Filton

Address: 367 South Gulph Road

King of Prussia, PA 19406

**B. OFFICERS SEE ATTACHMENT**

President: Alan B. Miller

Address: 367 South Gulph Road

King of Prussia, PA 19406

Vice President: Debra K. Osteen

Address: 367 South Gulph Road

King of Prussia, PA 19406

Secretary: Bruce R. Gilbert

Address: 367 South Gulph Road King of Prussia, PA 19406

Treasurer: Steve Filton

Address: 367 South Gulph Road King of Prussia, PA 19406

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. Bruce R. Gilbert, Secretary  
(Typed or printed name and capacity of person signing application)

FILED

06 JAN 18 PM 2:17

Attachment to Florida  
**Officers & Directors**

- 
- |    |   |   |
|----|---|---|
| 1. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code:                      | Alan B. Miller<br>Officer, Director<br>President<br>367 South Gulph Road<br>King of Prussia<br>PA<br>19406                                  |
| 2. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Director's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code: | Debra K. Osteen<br>Officer, Director<br>Vice President<br>Other Director<br>367 South Gulph Road<br>King of Prussia<br>PA<br>19406          |
| 3. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Director's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code: | Steve Filton<br>Officer, Director<br>Vice President & Treasurer<br>Other Director<br>367 South Gulph Road<br>King of Prussia<br>PA<br>19406 |
| 4. | Full Name:<br>Officer/Director:<br>Officer's Title:<br>Business Address:<br>City:<br>State:<br>ZIP Code:                      | Bruce R. Gilbert<br>Officer, Director<br>Secretary<br>367 South Gulph Road<br>King of Prussia<br>PA<br>19406                                |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

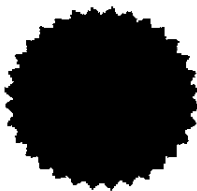
# Delaware

*The First State*

RECEIVED  
06 JAN 18 PM 2:18

PAGE 1  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTRAL FLORIDA BEHAVIORAL HOSPITAL, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2006.



4094825 8300

060042063

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4452309

DATE: 01-17-06