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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Central Florida Behavioral Hospital, Inc.

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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. 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:

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STATE OF FLORIDA
DEPARTMENT OF STATE

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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)

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Attachment to Florida
Officers & Directors

1. Full Name: Alan B. Miller
Officer/Director: Officer, Director
Officer's Title: President
Business Address: 367 South Gulph Road
City: King of Prussia
State: PA
ZIP Code: 19406

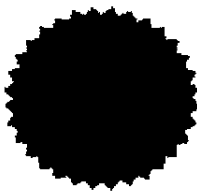
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2. Full Name: Debra K. Osteen
Officer/Director: Officer, Director
Officer's Title: Vice President
Director's Title: Other Director
Business Address: 367 South Gulph Road
City: King of Prussia
State: PA
ZIP Code: 19406
3. Full Name: Steve Filton
Officer/Director: Officer, Director
Officer's Title: Vice President & Treasurer
Director's Title: Other Director
Business Address: 367 South Gulph Road
City: King of Prussia
State: PA
ZIP Code: 19406
4. Full Name: Bruce R. Gilbert
Officer/Director: Officer, Director
Officer's Title: Secretary
Business Address: 367 South Gulph Road
City: King of Prussia
State: PA
ZIP Code: 19406

Delaware

The First State

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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.



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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4452309

DATE: 01-17-06