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TALLAHASSEE, FLORIDA

MRS
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Psychiatric Nursing Services
(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:

Ron Dailey
(Name of Person)
Psychiatric Nursing Services, Inc.
(Firm/Company)
215 Wes Park DRIVE
(Address)
PERRY GA 31069
(City/State and Zip code)

For further information concerning this matter, please call:

Linda Kimsey at (478) 224-2000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. Psychiatric Nursing 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. GEORGIA 3. 27-0011551
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5-14-2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NONE To Date
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 215 Wes Park Drive, PERRY, GA 31069
(Principal office address)
215 Wes Park Drive, PERRY, GA 31069
(Current mailing address)
8. Staffing of Medical Professionals
(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: Pamela Gallant

Office Address: 8205 Solano Bay loop Ste 122
Tampa, Florida 33635
(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.

Pamela Gallant
(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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ron Dailey

Address: 206 Habersham Lane
Perry GA 31069

Vice President: Lindsey Dailey

Address: 206 Habersham Lane
Perry GA 31069

Secretary: Linda Kimsey

Address: 107 Millwood Drive Warner Robins GA 31088

Treasurer: Stephanie Butts

Address: 113 Henry St Warner Robins GA 31088

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

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

14. LINDA Kimsey Secretary
(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0225600
DATE INC/AUTH/FILED: 05/14/2002
JURISDICTION : GEORGIA
PRINT DATE : 03/31/2006
FORM NUMBER : 211

FILED
06 APR -4 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSYCHIATRIC NURSING SERVICES, INC.

RON DAILEY

215 WES PARK DRIVE

PERRY, GA 31069

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

PSYCHIATRIC NURSING SERVICES, 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.

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Cathy Cox

Cathy Cox
Secretary of State