

F09000002817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

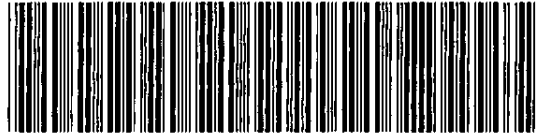
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Key West Behavioral Health, Inc.

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:

Cara Yergen, MD

Name of Person

Key West Behavioral Health, Inc.

Firm/Company

1200 Kennedy Drive - Suite ~~108~~ 109

Address

Key West, FL 33040

City/State and Zip code

chichi\_md@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cara Yergen, MD

Name of Person

at ( 508 ) 277-8449

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2009

CARA YERGEN, MD  
KEY WEST BEHAVIORAL HEALTH, INC.  
1200 KENNEDY DRIVE, SUITE 109  
KEY WEST, FL 33040

SUBJECT: KEY WEST BEHAVIORAL HEALTH, INC.  
Ref. Number: W09000031637

We have received your document for KEY WEST BEHAVIORAL HEALTH, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 809A00023594

**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. Key West Behavioral Health, 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. Nevada 3. 27-0159185

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

(FEI number, if applicable)

4. December 24, 2008

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Have not transacted business yet, plan to open practice on July 1, 2009

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1200 Kennedy Drive - Suite 108, Key West, FL 33040

(Principal office address)

22 Franklin Avenue - Unit A, Hartford, CT 06114

(Current mailing address)

8. Psychiatric Practice (Doctors Office)

(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: Cara Yergen, MD

Office Address: 1200 Kennedy Drive - Suite ~~108~~ 109

Key West, Florida 33040

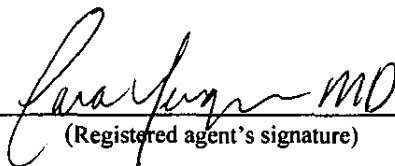
(City)

(Zip code)

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TALLAHASSEE, FLORIDA

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:

**A. DIRECTORS**

Chairman: N/A

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

Vice Chairman: N/A

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

Director: Cara Yergen, MD

Address: 22 Franklin Avenue - Unit A, Hartford, CT 06114

Director: Chris Yergen, MD

Address: 22 Franklin Avenue - Unit A, Hartford, CT 06114

**B. OFFICERS**

President: Cara Yergen, MD

Address: 22 Franklin Avenue - Unit A, Hartford, CT 06114

Vice President: N/A

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

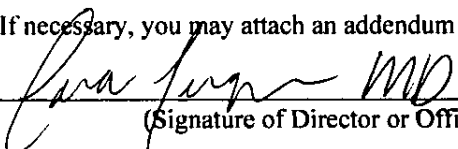
Secretary: Chris Yergen, MD

Address: 22 Franklin Avenue - Unit A, Hartford, CT 06114

Treasurer: Cara Yergen, MD

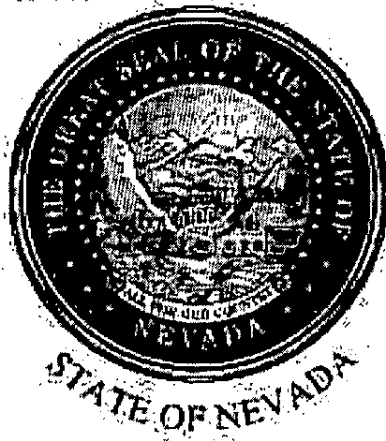
Address: 22 Franklin Avenue - Unit A, Hartford, CT 06114

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

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

14. Cara Yergen, MD, Director and President of Key West Behavioral Health, Inc.  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



*Cara Yegen, MD  
EIN: 27-0159185*

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KEY WEST BEHAVIORAL HEALTH, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 24, 2008, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 1, 2009.



*[Signature]*  
ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20090701-0567  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>