

F120000001872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

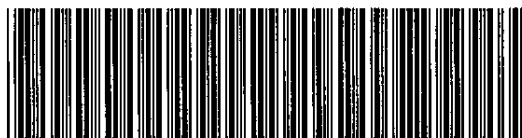
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12 MAY - 1 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
5/3/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mid State Mental Health ~~Assessment~~ Assessment, S.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," or "Certificate of Good Standing" 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:

Bruce E. Malcolm, Psy.D

Name of Person

Mid State Mental Health Assessment, S.C

Firm/Company

5819 Plymouth Place

Address

Ave Maria FL 34142-9586

City/State and Zip code

bruceemalcolm@gmail.com

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

For further information concerning this matter, please call:

Bruce Malcolm, Psy.D at (734) 254-0793

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 16, 2012

BRUCE E MALCOLM, PSY.D.
MID STATE MENTAL HEALTH ASSESSMENT S.C.
5819 PLYMOUTH PLACE
AVE MARIA, FL 34142-9586

SUBJECT: MID STATE MENTAL HEALTH ASSESSMENT S.C.
Ref. Number: W12000020966

DIVISION OF CORPORATIONS

12 MAY - 1 PM 2:50

RECEIVED

We have received your document for MID STATE MENTAL HEALTH ASSESSMENT S.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return the corrected original and one copy of 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) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 812A00011856

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

**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. Mid State Mental Health Assessment S.C., Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Bruce E. Malcolm, Psy. D
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 37-1354712
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/16/1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 5/1/2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5819 Plymouth Place Ave Maria FL 34142
(Principal office address)

5819 Plymouth Place Ave Maria FL 34142
(Current mailing address)

8. Mental Health Service delivery
(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: Bruce Malcolm

Office Address: 5819 Plymouth Place

Ave Maria, Florida 34142
(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.

Bruce E. Malcolm, Psy D
(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.

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12 MAY - 1 PM 1:30
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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Bruce Malcolm, Psy.D.
Address: 5819 Plymouth Place
Ave Maria FL 34142

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Bruce E. Malcolm Psy.D.
Address: 5819 Plymouth Place
Ave Maria, FL 34142

Vice President: Bruce E. Malcolm Psy.D.
Address: 5819 Plymouth Place
Ave Maria, FL 34142

Secretary: Diana E. Malcolm B.A.

Address: 5819 Plymouth Place Ave Maria, FL

Treasurer: Bruce E. Malcolm, Psy.D.

Address: 5819 Plymouth Place Ave Maria FL 34142

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

13. Bruce E. Malcolm Psy.D.

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Bruce E. Malcolm, Psy.D.

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

File Number 5872-421-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MID STATE MENTAL HEALTH ASSESSMENT S.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 16, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1210101564

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of APRIL A.D. 2012 .

Jesse White

SECRETARY OF STATE