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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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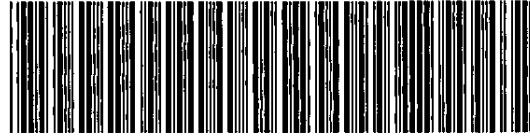
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W13-22031

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ADDICTION; MENTAL HEALTH SERVICES, 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," 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:

BERNARD B. STEPHENS

Name of Person

BRADFORD HEALTH SERVICES

Firm/Company

2101 MAGNOLIA AVENUE SOUTH, SUITE 518

Address

BIRMINGHAM, AL 35205

City/State and Zip code

CSTEPHENS@BRADFORDHEALTH.NET

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

For further information concerning this matter, please call:

BERNARD B. STEPHENS

Name of Person

at (205) 251.7793

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

April 16, 2013

BERNARD B. STEPHENS
2101 MAGNOLIA AVE S SUITE 518
BIRMINGHAM, AL 35205

SUBJECT: ADDICTION & MENTAL HEALTH SERVICES, INC.
Ref. Number: W13000022031

RECEIVED
13 APR 26 PM 4: 37
DIVISION OF CORPORATIONS

We have received your document for ADDICTION & MENTAL HEALTH SERVICES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 513A00008992

See Attached

**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. ADDICTION & MENTAL HEALTH 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. ALABAMA

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

3. 63-1148286

(FEI number, if applicable)

4. MARCH 30, 1998

(Date of incorporation)

5. PERPETUAL

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

6. N/A

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

7. 2101 MAGNOLIA AVENUE SOUTH, SUITE 518, BIRMINGHAM, AL 35205

(Principal office address)

2101 MAGNOLIA AVENUE SOUTH, SUITE 518, BIRMINGHAM, AL 35205

(Current mailing address)

8. RESIDENTIAL AND OUTPATIENT SUBSTANCE ABUSE TREATMENT

(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

(City)

, Florida 33324

(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.



Ternell Kearney Asst. 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: SEE ATTACHED EXHIBIT A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED EXHIBIT A

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 

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. CHIEF FINANCIAL OFFICER AND SECRETARY

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

EXHIBIT A
ADDICTION & MENTAL HEALTH SERVICES, INC.
DIRECTORS AND OFFICERS

John T. Campbell
Chairman of the Board

1572 Montgomery Highway, Suite 210
Birmingham, AL 35216

Jerry W. Crowder
President & CEO, Director

2101 Magnolia Avenue South, Suite 518
Birmingham, AL 35205

W. Clay Simmons
Executive VP & COO, Director

2101 Magnolia Avenue South, Suite 518
Birmingham, AL 35205

W. Jerry Howell, M.D.
Director

1189 Albritton Road
Warrior, AL 35180

Bernard B. Stephens,
Chief Financial Officer,
Secretary-Treasurer

2101 Magnolia Avenue South, Suite 518
Birmingham, AL 35205

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TALLAHASSEE, FLORIDA

Beth Chapman
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Beth Chapman, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Addiction & Mental Health Services, Inc. was formed in Jefferson County, Alabama on March 30, 1998. The Alabama Entity Identification number for this entity is 194-728. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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SECRETARY OF STATE
MONTGOMERY ALABAMA



20130422000003798

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

4/22/2013

Date

Beth Chapman

Beth Chapman

Secretary of State