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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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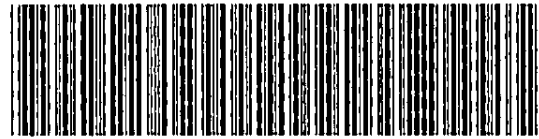
(Business Entity Name)

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2019 MAY -6 09:49:30

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MAY - 6 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2019

VALERIE BANAS  
600 WOODWARD AVE, STE 2290  
DETROIT, MI 48226

SUBJECT: HARBOR BEHAVIORAL HEALTH, CORP.  
Ref. Number: W19000042748

We have received your document for HARBOR BEHAVIORAL HEALTH, CORP. and your check(s) totaling \$70.00. 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) 245-6052.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 219A00008770

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HARBOR  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

VALERIE BANAS, PARALEGAL  
Name of Person

HONIGMAN LLP  
Firm/Company

660 WOODWARD AVENUE, SUITE 2290  
Address

DETROIT, MI 48226  
City/State and Zip Code

vbanas@honigman.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIE BANAS, PARALEGAL at ( 313 ) 465-7226  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. HARBOR

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

HARBOR BEHAVIORAL HEALTH, CORP.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OHIO

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

3.

(FEI number, if applicable)

4. DECEMBER 21, 1945

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 6629 WEST CENTRAL AVENUE, TOLEDO, OH 43617

(Principal office street address)

(Current mailing address, if different)

TO PROMOTE THE OPTIMAL FUNCTIONING OF CHILDREN, ADOLESCENTS, ADULTS, FAMILIES AND  
ORGANIZATIONS THROUGH A COMPREHENSIVE BEHAVIORAL HEALTHCARE SYSTEM WHICH PROVIDES HIGH-  
QUALITY, SUPPORTIVE, PREVENTIVE, EDUCATIONAL, EARLY INTERVENTION AND THERAPEUTIC SERVICES.

8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: JOHN M. SHEEHAN

Office Address: 1700 50TH STREET, NORTH

ST. PETERSBURG

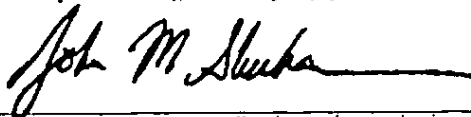
(City)

, Florida 33710

(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.



John M. Sheehan (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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: JOHN M. SHEEHAN  
☐ Vice Chairman Address: 1700 50TH STREET, NORTH  
☐ Director ST. PETERSBURG, FL 33710  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: DAN BRIONES  
☐ Vice Chairman Address: 6629 WEST CENTRAL AVE.  
☒ Director TOLEDO, OH 43617  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: GWEN JONES  
☐ Vice Chairman Address: 6629 WEST CENTRAL AVE.  
☒ Director TOLEDO, OH 43617  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

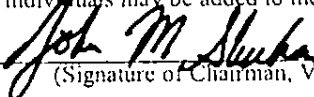
☐ Chairman Name: KAREN ALBRIGHT  
☐ Vice Chairman Address: 6629 WEST CENTRAL AVE.  
☒ Director TOLEDO, OH 43617  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: ROY HUTCHEISON  
☐ Vice Chairman Address: 6629 WEST CENTRAL AVE.  
☒ Director TOLEDO, OH 43617  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: JAN KNAPE  
☐ Vice Chairman Address: 6629 WEST CENTRAL AVE.  
☒ Director TOLEDO, OH 43617  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

SEE ATTACHED LIST OF ADDITIONAL DIRECTORS.

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOHN M. SHEEHAN, PRESIDENT/CEO  
(Typed or printed name and capacity of person signing application)

ATTACHMENT TO  
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR  
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA  
HARBOR  
ALTERNATE CORPORATE NAME: HARBOR BEHAVIORAL HEALTH, CORP.

Item 12. List of Directors (Continued).

Steven Lennex  
Director  
6629 West Central Avenue  
Toledo, OH 43617

Jeff Smith  
Director  
6629 West Central Avenue  
Toledo, OH 43617

Fred Matthews  
Director  
6629 West Central Avenue  
Toledo, OH 43617

John Tooson  
Director  
6629 West Central Avenue  
Toledo, OH 43617

Don Monteleone  
Director  
6629 West Central Avenue  
Toledo, OH 43617

Dustin Watkins  
Director  
6629 West Central Avenue  
Toledo, OH 43617

2019 MAY -6 PM 4:30

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HARBOR, an Ohio not for profit corporation, Charter No. 191993, having its principal location in Toledo, County of Lucas, was incorporated on December 21, 1945 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 20th day of February, A.D. 2019.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 201905100072