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Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
CORRECTIONAL PSYCHIATRIC SERVICES, P.C.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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2020 JUN 22 PM 4: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

63 6/23



June 23, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: CORRECTIONAL PSYCHIATRIC SERVICES, P.C.  
REF: W20000063619

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H20000191343  
Letter Number: 020A00012370

**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. CORRECTIONAL PSYCHIATRIC SERVICES, P.C.**

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**CORRECTIONAL PSYCHIATRIC SERVICES, P.C., INC.**

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

**2. Massachusetts**

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

3.

(FEI number, if applicable)

**4. 06/22/1994**

(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. 300 Congress Street, Suite 405, Quincy, MA 02169**

(Principal office address)

**300 Congress Street, Suite 405, Quincy, MA 02169**

(Current mailing address)

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

Name: Hubco Registered Agent Services, Inc.

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee

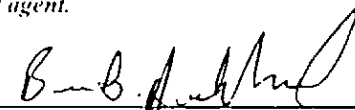
(City)

Florida, 32301

(Zip code)

**9. 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) Pres. Hubco Registered Agent Services, Inc.

10. 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.

11. Names and addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

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SECRETARY OF THE  
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**B. OFFICERS**

President: Jorge Veliz

Address: 300 Congress Street, Suite 405, Quincy, MA 02169

Vice President: \_\_\_\_\_

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

Secretary: Jorge Veliz

Address: 300 Congress Street, Suite 405, Quincy, MA 02169

Treasurer: Adrianna Flores-Veliz

Address: 300 Congress Street, Suite 405, Quincy, MA 02169

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

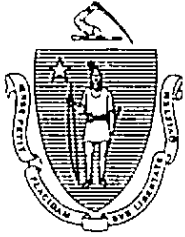
12. \_\_\_\_\_

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

13. Jorge Veliz - President

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

H20000191343



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: June 17, 2020

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SECRETARIAT OF THE  
COMMONWEALTH OF MASSACHUSETTS  
TALLAHASSEE, FLORIDA

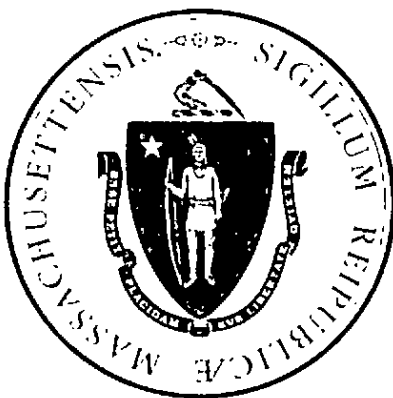
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To Whom It May Concern :

I hereby certify that according to the records of this office,

**CORRECTIONAL PSYCHIATRIC SERVICES, P.C.**

is a domestic corporation organized on **June 22, 1994** under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 20060352840

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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