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# **COVER LETTER**

IO:	Division of Corporations					
SHRI	ECT: Metropolitan Center for Mental Health, Inc.					
J O DJ	Name of Corporation – must include suffix					
Dear S	ir or Madam:					
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	Dana Pomi					
	Name of Person					
	Nawrocki Smith LLP					
	Firm/Company					
Suite 580						
Hauppauge, NY 11788						
	City/State and Zip Code					
	dpomi@ns.cpa					
	E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, please call:					
Dana	at (					
	Name of Person at (					
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Please i	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  .00 Filing Fee  \$\Bigsis \frac{1}{2}\$78.75 Filing Fee & \$\Bigsis \frac{1}{2}\$87.50 Filing Fee,  Certificate of Status Certified Copy Certified Copy  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:

		porate name adopted for the purpose of transacting busines	s in Florida)
une un	available in Florida, enter alternate coi	rporate name adopted for the purpose of transacting busines	, in 1 (0.1011)
/ York		3 13-1978365	
ne or c	ountry under the law of which it is inc	orporated) 3. 13-1978365 (FEI number, if applicable)	<u> </u>
15, 190	62	5	K
	(Date of Incorporation)	5. (Date of chiration, if other than per	etuai)
		stration. See sections 617.1501 & 617.1502, F.S. to determin	
irst co	nducted affairs in Florida if prior to regi	stration. See sections 617.1501 & 617.1502, F.S, to determin	e penalty liabii
est 86	oth Street, New York, NY 10024		
	(P	rincipal office street address)	
	(пт	ent mailing address, if different)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	CEE AT	TALUEN	2
(s) of	corporation authorized in home state	TACHED  e or country to be carried out in the state of Florida)	<del>- 2</del> 3
			′ -
nd et	rect address of Florida registered	agent: (P.O. Box <u>NOT</u> acceptable)	
			.·
			• • •
	Martin Novikov		 
	Martin Novikov 151 7th Street S, Unit 525		 :: :2
	Martin Novikov  151 7th Street S, Unit 525  Saint Petersburg	, Florida 33701 (Zip Code)	: FE 2: 28

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. DIRECTOF ≣Chairman	Name:	□Chairman	Justin Stern, J.D. Name:	
∃Vice Chairman	Address; 400 West 43rd Street	□Vice Chairman	Address: 718 Carroll Street	
□Director	New York, NY 10036	□Director	Brooklyn, NY 11215	
∐President		□President		
DVice President		□Vice President		
□ Secretary	□ Treasurer	☐ Secretary	□ Treasurer	
⊒Other:	C Other:	Compliai ■Other:	nce Off.  □Other:	
I Chairman	Howard Katz, M.B.A.	□Chairman	Name: Ruby Benjamin, Ed.D	
⊒Vice Chairman	125 Rounder Ridge Road	□Vice Chairman	Address: 205 West End Avenue	
	Scarsdale, NY 10583	_	New York, NY 10023	
∃Presidem		□President		
□Vice President		□Vice President	<u></u>	
☐Secretary	☐ Treasurer	<b>■</b> Secretary	□Treasurer	
<b>■</b> Other:	Chair ☐ Other:	□Other:	□Other:	
<b>■</b> Chairman	Linda Anderson, Ph.D.	□Chairman	Rod Reef Name:	
JVice Chairman	784 Columbus Avenue Address:	□Vice Chairman	218 Larchmont Avenue	
il Director	New York, NY 10025	□Director	Larchmont, NY 10538	
∃President		□President		
DVice President		□Vice President		
2Secretary	□ Treasurer	□Secretary	☐ Treasurer	
⊒Other:	□ Other:	■Other:	nair □Other;	

Gene Yellin, LCSW

Michael E. Nawrocki Ernest Patrick Smith



Lauren M. Agunzo John K. Hoffman Darin V. Iacobelli David M. Tellier

## Sent Via Mail

May 30, 2023

Florida Division of Corporations PO BOX 6327 Tallahassee, Florida 32314

RE: Metropolitan Center For Mental Health. Inc.

REF#: W22000075574

To Whom It May Concern:

This letter is in response to the enclosed request for further specification as to which purpose makes my client, client, Metropolitan Center For Mental Health, Inc. qualify as a not for profit.

Metropolitan Center for Mental Health, Inc., is incorporated as a 501 ⊚ 3 organization since its conception in 1962. They are a community-based outpatient behavioral healthcare clinic whose mission is to serve underserved populations in our surrounding neighborhoods by reducing all barriers to care, including but not limited to, financial, insurance and disability. They accept all forms of insurance, but principally serve persons who are recipients of government insurance (Medicare, Medicaid, CHIP) or uninsured. They are a public-facing organization whose clinical services are designed to meet the needs of the most vulnerable individuals and families in our communities. For the above reasons, they are long-qualified as a non-profit, tax-exempt organization.

Should you have any questions or need additional information with respect to the above, please contact me at your convenience at (631) 756-9500.

Very truly yours, NAWROCKI SMITH LLP



### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** 

METROPOLITAN CENTER FOR MENTAL HEALTH

DOS ID Number:

148483

**Entity Type:** 

DOMESTIC NOT-FOR-PROFIT CORPORATION

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

06/15/1962

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 13, 2022 at 02:48 P.M.

Brandon C Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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