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C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, Ste. 200
Address
Tallahassee, FL 32301 (904) 656-0290
City State Zip Phone

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CORPORATION(S) NAME

FPM Behavioral Health, Inc.

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS / G/S |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
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C. J. [illegible]

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: FPM BEHAVIORAL HEALTH, 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", 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:

VINCENT SLAGEL
(Name of Person)
RAMSAY HEALTH CARE, INC.
(Firm/Company)
639 LOYOLA AVENUE, SUITE 1700
(Address)
NEW ORLEANS, LOUISIANA 70113
(City, State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 1:38

Should you need to call someone concerning this matter, please call:

VINCENT SLAGEL at (504) 585-0514
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. FPM BEHAVIORAL HEALTH, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)
2. DELAWARE 3. 59-3269144
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. SEPTEMBER 22, 1994 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. JANUARY 1, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 1276 MINNESOTA AVENUE
WINTER PARK, FLORIDA 32789
(Current mailing address)
8. MANAGED CARE HEALTH PROGRAMS
(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:

Name: C T CORPORATION SYSTEM
Office Address: 1220 SOUTH PINE ISLAND ROAD
PLANTATION, 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.

James P. [Signature]
(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. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: PAUL RAMSAY
Address: 1st FLOOR, 156 PACIFIC HWY., SUITE
103 GREENWICH, NSW 2065 AUSTRALIA

Vice Chairman: GREGORY H. BROWNE
Address: 639 LOYOLA AVENUE, SUITE 1700
NEW ORLEANS, LOUISIANA 70113

Director: MARTIN LAZORITZ
Address: 1276 MINNESOTA AVENUE
WINTER PARK, FLORIDA 32789

Director: L. PAUL MANDELKERN
Address: 1276 MINNESOTA AVENUE
WINTER PARK, FLORIDA 32789

B. OFFICERS

President: GREGORY H. BROWNE
Address: 639 LOYOLA AVENUE, SUITE 1700
NEW ORLEANS, LOUISIANA 70113

Vice President: MARTIN LAZORITZ
Address: 1276 MINNESOTA AVENUE
WINTER PARK, FLORIDA 32789

Secretary: WALLACE E. SMITH
Address: 639 LOYOLA AVENUE, SUITE 1700
NEW ORLEANS, LOUISIANA 70113

Treasurer: PHILIP G. SYMON
Address: 1276 MINNESOTA AVENUE
WINTER PARK, FLORIDA 32789

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

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

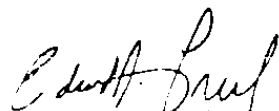
14. GREGORY H. BROWNE PRESIDENT
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FPM BEHAVIORAL HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JANUARY, A.D. 1995.

RECEIVED
FEB 7 1995
SECRETARY OF STATE
DELAWARE





Edward J. Freel, Secretary of State

AUTHENTICATION

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DATE 7376364

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