

**CORPORATE  
ACCESS,  
INC.**

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

**WALK IN**

**PICK UP**

10/29/96 1:00 PM gs

CERTIFIED COPY

CUS

PHOTO COPY

FILING

Foreign

1.) BHC St. John's River Hospital, Inc.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

6.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

7.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

8.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

9.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

10.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

**SPECIAL INSTRUCTIONS** \_\_\_\_\_

100001988701--6  
-10/29/96--01086--009  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

100001988701--6  
-10/29/96--01086--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT 29 PM 1:05

10/29

RECEIVED  
96 OCT 29 AM 11:13  
DIVISION OF CORPORATIONS

"When you need ACCESS to the world"

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

**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. BHC St. John's River Hospital, Inc.

(Name of corporation; the word "INCORPORATED," "COMPANY," 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.)

2. Tennessee

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

3. October 16, 1996

(Date of Incorporation)

4.

Perpetual

(Duration)

5. Applied for

(Federal Employer Identification number, if applicable)

6. Upon Qualification

(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 102 Woodmont Boulevard, Suite 500, Nashville, TN 37205.

(Current mailing address)

(i) to own and/or operate private psychiatric hospitals and treatment centers;  
(ii) to provide related behavioral healthcare services; and (iii) to engage in  
8. any lawful act or activity for which a corporation may be organized in the State of Florida  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

**A. Directors:**

~~Chairman:~~ Edward A. Stack

~~Director:~~ 102 Woodmont Blvd., Suite 500

~~Address:~~ Nashville, TN 37205

Director:

~~Vice Chairman:~~ Michael E. Davis

~~Address:~~ 102 Woodmont Blvd., Suite 500

Nashville, TN 37205

Director:

Address:

Director:

Address:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT 29 PM 1:05

President: Edward A. Stack  
Address: 102 Woodmont Blvd., Suite 500  
Nashville, TN 37205

Vice President; Secretary & Treasurer: Michael E. Davis  
Address: 102 Woodmont Blvd., Suite 500  
Nashville, TN 37205

Vice President:  
Secretary: Patricia Vandegrift  
Address: 102 Woodmont Blvd., Suite 500  
Nashville, TN 37205

Vice President:  
Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
Zip Code

11. 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: \_\_\_\_\_

(Officer)

Douglas W. Junker - Authorized Representative  
(Type Name and Title of Officer)

12. 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.

13. Michael E. Davis  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Michael E. Davis, Vice President  
(Name and capacity of person signing application)

**Secretary of State  
Corporations Section**

James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 10/21/1996  
REQUEST NUMBER: 96395003  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/16/1996  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0319381  
JURISDICTION: TENNESSEE

TO:  
WALLER LANSDEN DORTCH & DAVIS  
MARY KIM SHIPP  
511 UNION STREET  
NASHVILLE, TN 37219

REQUESTED BY:  
WALLER LANSDEN DORTCH & DAVIS  
MARY KIM SHIPP  
511 UNION STREET  
NASHVILLE, TN 37219

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"BHC ST. JOHN'S RIVER HOSPITAL, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE,  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID,  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED, AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT 29 PM 1:05

FOR: REQUEST FOR CERTIFICATE

ON DATE: 10/21/96

FROM:  
WALLER LANSDEN ETC (511 UNION/NASHVILLE)  
SUITE 2100  
511 UNION STREET  
NASHVILLE, TN 37219-1760

RECEIVED: FEES \$290.00 \$290.00  
TOTAL PAYMENT RECEIVED: \$580.00

RECEIPT NUMBER: 00002022445  
ACCOUNT NUMBER: 00000832



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE