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FEDERAL EXPRESS:

December 3, 1996

Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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*****70.00 *****70.00

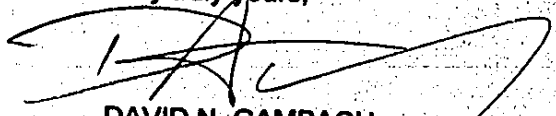
Re: Psychotherapeutic Juvenile Services, Inc.
Application of Foreign Corporation for Authorization
to Transact Business in Florida

Dear Sirs:

Enclosed please find the original and one copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida for Psychotherapeutic Juvenile Services, Inc., a Delaware Corporation. In addition, enclosed please find a check in the amount of \$70.00 representing the filing fees for same. Please return our copy in the envelope enclosed.

Thank you for your anticipated consideration and attention to this matter.

Very truly yours,



DAVID N. GAMBACH

DNG/sm

- Enclosure:
- 1. Application
 - 2. Check

9/12/5
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**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. Psychotherapeutic Juvenile Services, 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
(State or country under the law of which it is incorporated)
3. 52-1946690
(FBI number, if applicable)
4. October 18, 1995
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. November 1, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.153, F.S.))
7. 630 W. Division Street
Suite F, Dover, DE 19901
(Current mailing address)
8. Any and all lawful activities for which Corporations may be organized.
(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 or Mail Drop Box NOT acceptable)**
Name: Daniels, Kashtan & Fornaris, P.A.
Office Address: 241 Sevilla Avenue, PH2
Coral Gables, Florida, 33134
(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.

Robert Blair

(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.

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DIVISION OF CORPORATIONS
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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

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

Chairman: D. Cherry Jones
Address: 630 W. Division Street, Suite F
Dover, DE 19901

Vice Chairman: Ralph S. Wolf, D.O.
Address: 630 W. Division Street, Suite F
Dover, DE 19901

Director: Randall L. Cooper
Address: 630 W. Division Street, Suite F
Dover, DE 19901

Director: N/A
Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: D. Cherry Jones
Address: 630 W. Division Street, Suite F
Dover, DE 19901

Vice President: Ralph S. Wolf, D.O.
Address: 630 W. Division Street, Suite F
Dover, DE 19901

Secretary: Ralph S. Wolf, D.O.
Address: 630 W. Division Street, Suite F
Dover, DE 19901

Treasurer: Randall L. Cooper
Address: 630 W. Division Street, Suite F
Dover, DE 19901

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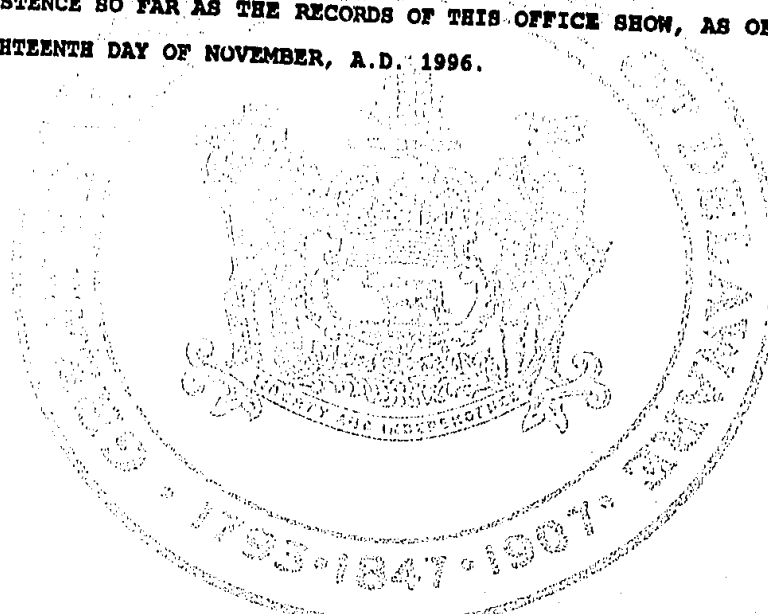
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. _____
(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 "PSYCHOTHERAPEUTIC JUVENILE SERVICES, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 1996.



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Edward J. Freel
Edward J. Freel, Secretary of State

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AUTHENTICATION: 8196132

DATE: 11-18-96