

# F96000006460

## ALLIED HEALTH OPTIONS, INC.

Corporate Offices  
Two Office Park, Suite 102  
Mobile, Alabama 36609

Phone: (334) 344-4770 \* Fax: (334) 344-1180

Providing Specialty Programs for Psychiatric And Medical Care

100002024421--5  
-12/10/96--01069--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

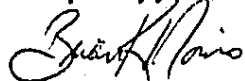
November 21, 1996

Sandra B. Mortham, Secretary of State  
Florida Department of State  
Division of Corporations  
P. O. Box 6237  
Tallahassee, Florida 32314

Dear Sandra Mortham:

Enclosed with this letter is a Certificate of Existence of the Corporation, Allied Health Options, Inc. I am sending this certificate to register ourselves in the State of Florida so that we can do business as an Alabama Corporation. If there are any problems or questions, please call me at any time. Thank you. I remain;

respectfully yours,



Brian K. Norris, CEO  
Allied Health Options

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DIVISION OF CORPORATIONS  
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Please complete the enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida" and submit together with the enclosed certificate of existence and a check payable to Florida Department of State in the amount of \$70.00.

check for \$78.75

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Allied Health Options, 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:

BRIAN K. NORRIS  
(Name of Person)  
ALLIED HEALTH OPTIONS, INC  
(Firm/Company)  
2 Office Park Suite 102  
(Address)  
Mobile, AL 36609  
(City/State/Zip)

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

Brian K Norris at ( 334 ) 344. 4770  
(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 Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. Allied Health Options, 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. Alabama, Mobile 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. Feb 7, 1996 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Sept 01, 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 710 Underwood  
Pensacola, Fl. 32504  
(Current mailing address)
8. Health Services  
(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: Brian K Norris  
Office Address: 710 Underwood  
Pensacola, Florida, 32504  
(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.

BKN

(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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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: Brian K Norris  
Address: 473 W 23rd Ave  
Gulf Shores, AL 36542

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

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

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

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

President: Brian K. Norris  
Address: 473 W 23rd Ave  
Gulf Shores, AL 36542

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

Secretary: Russell Davidson  
Address: 771 Blackburn Drive  
Mobile, AL 36608

Treasurer: Russell Davidson  
Address: 771 Blackburn Drive  
Mobile, AL 36608

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

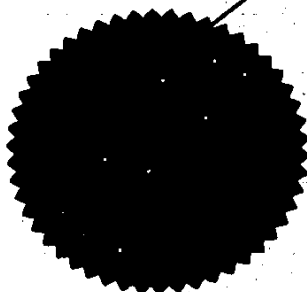
13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BRIAN K. NORRIS, President  
(Typed or printed name and capacity of person signing application)

# STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Allied Health Options, Inc. incorporated in Baldwin County, Mobile, Alabama on February 7, 1996. I further certify that the records do not disclose that said Allied Health Options, Inc. has been dissolved.

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DIVISION OF CORPORATIONS  
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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

November 18, 1996

Date

*Jim Bennett*

Jim Bennett

Secretary of State