| Docume Number Hily | 200 | 20654 |
|--|---|---|
| CT CORPORATION SYSTEM | | _ |
| Requestor's Name 660 East Jefferson St | reat | |
| Address Tallahassee, FL 3230: City State Zip | · · · · · · · · · · · · · · · · · · · | 400002029064 |
| CORPORATI | ON(8) NAME | 10,00 - AM MARTIC,00 |
| | | |
| Value Behaviora | O Apalth, Inc. | |
| Value per av com | 2 Arcuna , une. | |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
| | | |
| () Profit () NonProfit | () Amendment | DRIDATE () Merger |
| | () Amendment () Dissolution/Withdra | () Merger |
| () NonProfit () Limited Liability Co. | | () Merger wal () Mark () Other UCC Filing () Change of R.A. |
| () NonProfit () Limited Liability Co. | () Dissolution/Withdra () Annual Report | () Merger |
| () NonProfit () Limited Liability Co. () Foreign () Umited Partnership () Reinstatement | () Dissolution/Withdra () Annual Report () Reservation | () Merger wal () Mark () Other UCC Filing () Change of R.A. () Fic. Name |
| () NonProfit () Limited Liability Co. () Foreign () Limited Partnership () Reinstatement () Certified Copy () Call When Ready Walk In | () Dissolution/Withdra () Annual Report () Reservation () Photo Copies () Call if Problem | () Merger wel () Mark () Other UCC Filing () Change of R.A. () Fic. Name () CUS () After 4:30 Pick Up |
| () NonProfit () Limited Liability Co. () Foreign () Limited Partnership () Reinstatement () Certified Copy () Call When Ready Walk In () Mail Out | () Dissolution/Withdra () Annual Report () Reservation () Photo Copies () Call if Problem | () Merger wel () Mark () Other UCC Filing () Change of R.A. () Fic. Name () CUS () After 4:30 Pick Up LEASE RETURN EXTRA COPIES FILE STAMPED |
| () NonProfit () Limited Liability Co. () Limited Partnership () Reinstatement () Certified Copy () Call When Ready Walk In () Mail Out | () Dissolution/Withdra () Annual Report () Reservation () Photo Copies () Call if Problem | () Merger wel () Mark () Other UCC Filing () Change of R.A. () Fic. Name () CUS () After 4:30 Pick Up LEASE RETURN EXTRA COPIES FILE STAMPED |
| () NonProfit () Limited Liability Co. () Foreign () Limited Partnership () Reinstatement () Certified Copy () Call When Ready Walk In () Mail Out Vame Availability Document Examiner | () Dissolution/Withdra () Annual Report () Reservation () Photo Copies () Call if Problem | () Merger wel () Mark () Other UCC Filing () Change of R.A. () Fic. Name () CUS () After 4:30 Pick Up LEASE RETURN EXTRA COPIES FILE STAMPED |
| NonProfit Limited Liability Co. Foreign Limited Partnership Reinstatement Certified Copy Call When Ready Walk In Mail Out | () Dissolution/Withdra () Annual Report () Reservation () Photo Copies () Call if Problem | () Merger wel () Mark () Other UCC Filing () Change of R.A. () Fic. Name () CUS () After 4:30 Pick Up LEASE RETURN EXTRA COPIES FILE STAMPED |
| NonProfit Limited Liability Co. Foreign Limited Partnership Reinstatement Reinstatement Certified Copy Call When Ready Walk In Mail Out Name Name Name Name Name Name Name Name | () Dissolution/Withdra () Annual Report () Reservation () Photo Copies () Call if Problem | () Merger wel () Mark () Other UCC Filing () Change of R.A. () Fic. Name () CUS () After 4:30 Pick Up LEASE RETURN EXTRA'COPIES FILE STAMPED |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. | Value Behavioral Health, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPAR abbreviations of like import in language as will clearly indicate that it is a corp or partnership if not so contained in the name at present.) | | | | | |
|----|--|---------------------------------------|----------------------|--------|---------|----------|
| 2. | (State or country under the law of which it is incorporated) | | 692863 El number, | if app | licable | •) |
| 4. | November 5, 1993 5. Perpetual (Date of Incorporation) (Duration: Year corp. | will cease | to exist or | "08M | | r |
| ₿. | Upon Qualification. (Date first transacted business in Florida. (See sections 607.1501, 607.1502, | | REC TALL | | | • |
| 7. | 3110 Fairview Park Drive, South, Falls Church, Virginia | 22042 | ASSEE FL | | | 1 |
| | (Current mailing address) | · · · · · · · · · · · · · · · · · · · | | 1: D) | | |
| 8. | To engage in a specialty network based managed mental h related care administrative services organization. (Purpose(s) of corporation authorized in home state or country to be carried o Florida) | | | nce | abus | • |
| 9. | Name and street address of Florida registered agent: | | | • | | |
| | Name: <u>C. T. Corgonation System</u> C/O. C. T. Corporation System, 1200 South P | , ine | | .' | | • • • • |

Office Address: Island Road Plantation , Florida, 33324

(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

T Corporation System

(Registered agent's signature) (Officer)

(FL - 2189 - 11/16/94)

1

۰.

Kevin J. Gallagher. Asst. Vice Pres. (Type Name and Tille of Olficer) 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:

Α. DIRECTORS

. . .

4.1

| Cha | irman: <u>.see</u> | attached : | list of | directo | ra | | |
|----------|----------------------|---------------------------------------|------------|----------|-------|----------|---------------|
| | | . <u></u> | | | | | |
| | · | | | | | | |
| | Chairman: | | | | | | |
| Add | ress: | | | | | | |
| Dire | | | | | | <i>.</i> | |
| | ctor: <u>see at</u> | | | | | | |
| Maa | ress: | | - <u>-</u> | · | · · · | | |
| Dire | ctor: | | | | | | |
| | ress: | | | | | | |
| | | | | | | | |
| OFFICERS | ; | | | | | | |
| Pres | ident: <u>See. a</u> | ttached li | at of a | officere | | | |
| | | | | | | | |
| | | | | <u> </u> | | | |
| Vice | President: | | | | | | |
| | ress: | | | | | • | ···· ··· ·· · |
| | | | | <u></u> | | | |
| Seci | retary: | · . | | | | | |
| Add | ress: | · · · · · · · · · · · · · · · · · · · | | | | . * | · . |

8.

| Treasurer: | | |
|---|-----------------------------|---------------------------------------|
| Address: | | |
| | | |
| | | |
| NOTE: If necessary, you may a and/or directors. | ttach an addendum to the ap | plication listing additional officers |

4

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

14. Gragory Saunders. Secretary (Typed or printed name and capacity of person signing application)

Value Behavioral Health, Inc.

Officers:

Charlton Tooke Value Behavioral Health, Inc. 3110 Fairview Park Drive South Falls Church, Virginia 22042

Scott Yturria Value Behavioral Health, Inc. 3110 Fairview Park Drive South Falls Church, Virginia 22042

Gregory S. Saunders Value Behavioral Health, Inc. 3110 Fairview Park Drive South Falls Church, Virginia 22042

Paul Finigan, Value Health, Inc. 22 Waterville Road Avon, Connecticut 06001

Directore:

Robert Patricelli Value Health, Inc. 22 Waterville Road Avon, Connecticut 06001

Steven Shulman Value Health, Inc. 22 Waterville Road Avon, Connecticut 06001

Charlton Tooke Value Behavioral Health, Inc. 3110 Fairview Park Drive South Falls Church, Virginia 22042 Chief Executive Officer and President

Chief Financial Officer

Secretary

Assistant Secretary

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALUE BEHAVI" RAL 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 TWENTY-SECOND DAY OF NOVEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY FILED



Edward J. Freel, Secretary of State

DATE:

AUTHENTICATION:

8206142

11-22-96

PAGE 1

2358485 8300

960342502