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CORPORATE  
ACCESS,  
INC.

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

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 2/26/98

(Handwritten signature)

CERTIFIED COPY

X CUS 9D

X PHOTO COPY

X FILING Foreign

1.) Psychiatric Solutions of Florida, Inc  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

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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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 FEB 26 AM 10:37  
RECEIVED  
98 FEB 26 AM 10:09  
TALLAHASSEE, FLORIDA

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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. Psychiatric Solutions of Florida, 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. Tennessee  
(State or country under the law of which it is incorporated)
3. Applied For  
(FEI number, if applicable)
4. February 25, 1998  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 3401 West End Avenue, Suite 510  
Nashville, Tennessee 37203  
(Current mailing address)
8. To provide management services to psychiatric and behavioral health care practices  
(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: NRAI Services, Inc.  
  
Office Address: 526 E. Park Avenue  
Tallahassee, Florida, 32301  
(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.*  
NRAI Services, Inc.  
By: Charles A. Coyle  
(Registered agent's signature)  
Charles A. Coyle - Assistant Secretary
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:

A. DIRECTORS

Chairman: \_\_\_\_\_

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

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

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

Director: Joey A. Jacobs

Address: 3401 West End Avenue, Suite 510

Nashville, Tennessee 37203

Director: Steven T. Davidson

Address: 3401 West End Avenue, Suite 510

Nashville, Tennessee 37203

B. OFFICERS

President: Joey A. Jacobs

Address: 3401 West End Avenue, Suite 510

Nashville, Tennessee 37203

Vice President: Steven T. Davidson

Address: 3401 West End Avenue, Suite 510

Nashville, Tennessee 37203

Secretary: Steven T. Davidson

Address: 3401 West End Avenue, Suite 510

Nashville, Tennessee 37203

Treasurer: Not Applicable

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

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

13. X



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

14. Steven T. Davidson, Vice President and Secretary  
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS

Secretary of State

Corporations Section

James K. Polk Building, Suite 1800

Nashville, Tennessee 37243-0306

ISSUANCE DATE: 02/25/1998  
REQUEST NUMBER: 98056018A  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 02/25/1998  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0346427  
JURISDICTION: TENNESSEE

TO:  
HARWELL HOWARD HYNE GABBERT & MANNER  
315 DEADERICK ST

NASHVILLE, TN 37238-1800

REQUESTED BY:  
HARWELL HOWARD HYNE GABBERT & MANNER  
315 DEADERICK ST

NASHVILLE, TN 37238-1800

CERTIFICATE OF EXISTENCE

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

"PSYCHIATRIC SOLUTIONS OF FLORIDA, 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  
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FOR: REQUEST FOR CERTIFICATE

ON DATE: 02/25/98

FROM:  
SHIRLEY SCHALL  
315 INTERNATIONAL DR

MT. JULIET, TN 37122-0000

RECEIVED: FEES \$10.00 \$10.00  
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00002256400  
ACCOUNT NUMBER: 00279117



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE