

# F98000006253

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Community Psychological Associates, 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:

Michael K West  
(Name of Person)  
Community Psychological Associates, Inc  
(Firm/Company)  
104 Gay Gayh Terrace  
(Address)  
Daghom Beach, FL 32114  
(City/State/Zip)

W98-24093  
9/11/13  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 13 AM 8:44

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

200002670152--2  
-10/22/98--01067--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Michael West at ( 904 ) 322-0552  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

October 23, 1998

MICHAEL K. WEST  
COMMUNITY PSYCHOLOGICAL ASSOCIATES, INC.  
104 GAY GAYLE TERR.  
DAYTONA BEACH, FL 32118

SUBJECT: COMMUNITY PSYCHOLOGICAL ASSOCIATES, INC.  
Ref. Number: W98000024093

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We have received your document for COMMUNITY PSYCHOLOGICAL ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

You must obtain and submit a corrected certificate from Tennessee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Jennifer Sindt  
Document Examiner

Letter Number: 898A00052269

**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. Community Psychological Associates, 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 3. 62-1537920  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/12/1975 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11-1-98  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 104 Gag Gagle Terracc  
Daytona Beach, FL 32118  
(Current mailing address)

8. provide mental health services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

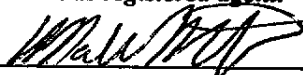
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Michael K. West

Office Address: 104 Gag Gagle Terracc  
Daytona Beach, FL, Florida, 32118  
(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.*

  
(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: N/A

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

Vice Chairman: N/A

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

Director: N/A

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

Director: N/A

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

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

President: Michael K. West

Address: 104 Gay Gayle Terrace

Daytona Beach, FL 32118

Vice President: NA

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

Secretary: Cheryl L. West

Address: 104 Gay Gayle Terrace

Daytona Beach, FL 32118

Treasurer: N/A

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

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

13. 

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

14. MICHAEL K. WEST, PRESIDENT

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 13 AM 8:44

**Secretary of State**

**Corporations Section**

**James K. Polk Building, Suite 1800**

**Nashville, Tennessee 37243-0306**

ISSUANCE DATE: 11/02/1998  
REQUEST NUMBER: 98288041A  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/12/1993  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0267958  
JURISDICTION: TENNESSEE

TO:  
MICHAEL K. WEST  
104 GAY GAYLE  
GERRACE  
DAYTONA BEACH, FL 32118

REQUESTED BY:  
MICHAEL K. WEST  
104 GAY GAYLE  
GERRACE  
DAYTONA BEACH, FL 32118

**CERTIFICATE OF EXISTENCE**

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

"COMMUNITY PSYCHOLOGICAL ASSOCIATES, 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 THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
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  
98 NOV 13 AM 8:44

FOR: REQUEST FOR CERTIFICATE

ON DATE: 10/15/98

FROM:  
MICHAEL K. WEST  
831 RIVER RUN

CLARKSVILLE, TN 37043-6043

RECEIVED: FEES \$20.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00002376034  
ACCOUNT NUMBER: 00296409



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE