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FLORIDA/FOREIGN LIMITED LIABILITY 60

Emerald Coast Behavioral Hospital, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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AUG 25 2009

EXAMINE

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Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Emerald Coast Behavioral Hospital, LLC
(Name of Foreign Limited Liability Company, ""L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 27-0720873 2. (Jurisdiction under the law of which foreign limited liability company is organized) August 11, 2009 (Duration: Year limited liability company will crase to (Date of Organization) 6. October 1, 2009 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 6640 Carothers Parkway, Suite 500, Franklin, TN 37067 (Street Address of Principal Office) AH Ö 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Premier Behavioral Solutions, Inc., 6640 Carothers Parkway, Suite 500, Franklin, TN 37067 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) healthcare services 11. Nature of business or purposes to be conducted or promoted in Florida: _ Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affloration under the penalties of perjury that the facts stated herein are true.) Christopher L. Howard, Vice President & Secretary of Sole Member

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Emerald Coast Behavioral Hospital, LLC			
It unavailable, the alternate to be used in the state of Florida is:		-	
2. The name and the Florida street address of the registered agent and office are:			
C T Corporation System	ALL	09	
(Name)	_ ¥%	AU	
1200 South Pine Island Road	TARY ASSE	09 AUG 24	=
Florida Street Address (P.O. Box NOT ACCEPTABLE)	E C	<u>></u>	Ш
Plantation FL 33324	STATE FLORID	AH 10: 2	D
City/State/Zip	````		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation SysChris McNeO!!

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMERALD COAST BEHAVIORAL HOSPITAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4719100 8300

090780490

You may verify this certificate online at corp. delaware, gov/authwor, shtml

AUTHENTY CATION: 7476863

DATE: 08-14-09