Division of Corporations Electronic Filing Cover Sheet

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(((H10000211787 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

Please relain original filir

date of submission 9124

From:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

	-
Foreign Limited Liability Company	

Certificate of Status	0	
Certified Copy	0	
Page Count	941	p
Estimated Charge	\$125.0	0

Horizon Mental Health Management, LLC

File 13th Withdrawal
Was just filed
by Karen Gibso

\*RE-SUBMIT\*
Please retain original filling
date of submission 9124

September 27, 2010

CT CORPORATION SYSTEM

SUBJECT: HORIZON MENTAL HEALTH MANAGEMENT, LLC

REF: W10000044884

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

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) 245-6067.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H10000211787 Letter Number: 010A00022837

10 SEP 28 PM 1:28
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Harizon Mental Health Management, LLC	· _	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
CQ	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liable ompany," "L.L.C." "LLC.")	- : Weld :lity	ten
2.	Texas		
	(hursdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	**	
4.	December 31, 2007  [Date of Organization]  [Duration: Year limited liability company will cease to		9 .
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	15 SE	SECRE VISION
6,	(Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	ր <u>շ</u> կ	TARY OF STATE OF CORPORATION
7.	6640 Carothern Parkway, Suite 500	<b>三</b>	3946
		\$	矣의
	Franklin, TN 37067 (Street Address of Principal Office)	ي.	ATA
),	The name and usual business addresses of the managing members or managers are as follows:  Horizon Health Corporation, 6640 Carothers Parkway, Suite 500, Franklin, TN 37067		
øj	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recounisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a station of the certificate under eath of the translator must be submitted.)	ords in	1
ı.	Nature of business or purposes to be conducted or promoted in Florida: own and operate		
-	psychiatrio facilities		
	Ch_		
	Signature of a member or an authorized representative of a member. (In accordance with section 698.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)		
	Christopher L., Howard, Authorized Representative		
	. Typed or printed name of signer		

### 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.

funavailable, the alternate to	be used in the	state of Florida is:	
The name and the Florida	street address o	f the registered agent and office are:	10 St
	CTC	Corporation System	SEP 21
	,	(Name)	-
•	1200 So	outh Pine Island Road	곡
FI	larkin Street Addre	ns (P.O. Box <u>NOT</u> ACCEPTABLE)	. <b></b>
	Plantation	FL 33324	-
		City/State/Zip	

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.

C T Corporation System

Danny Verdecchia, Jr. Asst. Secretary

Filing Fee for Application \$ 100.00 \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional) Corporations Section P.O.Box 13697 Austin, Toxas 78711-3697



#### Hope Andrade Secretary of State

## Office of the Secretary of State

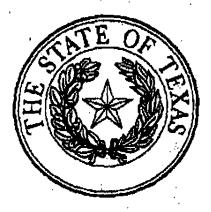
#### Certificate of Fact

The undersigned, as Scoretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Horizon Mental Health Management, LLC (file number 800916767), a Domestic Limited Liability Company (LLC), was filed in this office on December 28, 2007.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: December 31, 2007

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 15, 2010.



Hope Andrade Secretary of State