

P000000117788

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06/23/05--01050--001 **220.00

FILED
05 JUN 23 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/23/05

53

Name Chg.

MENTAL HEALTH ASSOCIATES of PENSACOLA, INC.

14 West Jordan Street Suite 2-B
Pensacola, Florida 32501

Phone: (850) 469-0128
Fax (850) 469-0132

June 23, 2005

PERSONAL & CONFIDENTIAL

Michelle Milligan
Florida Division of Corporations
Corporate filings
P.O. Box 6327
Tallahassee, FL 32314
FAX: (850) 245-6017

Re: Mental Health Associates, Inc.
P00000117788 (Reinstatement and name change)
and
Mental Health Associates of Pensacola, Inc.
P05000039983 (Dissolution)

Dear Ms. Milligan:

Thank you for your advice and assistance in the matter. We are requesting reinstatement of Mental Health Associates, Inc., with change of name to Mental Health Associates of Pensacola, Inc.

We request reinstatement without penalty with waiver of reinstatement fees for the years of 2001 to 2005.

The corporation Mental Health Associates, Inc. (P00000117788) had been administratively dissolved. We believe that no notice of annual report due was received for 2001.

We have no intention of revoking the enclosed voluntary dissolution of the newly formed Mental Health Associates of Pensacola, Inc. (P05000039983), and release that name to the original corporation Mental Health Associates, Inc. (P00000117788).

As I understand the requirements, I enclose: \$220, as follows:

Reinstatement of Mental Health Associates, Inc. (P00000117788)	750.00
Articles of Amendment to change name (P00000117788)	35.00
Articles of Dissolution for Mental Health Associates of Pensacola (P05000039983)	35.00
	Total 820.00
Less on deposit with your office	600.00
	Balance due \$220.00

I further enclose:

For Mental Health Associates, Inc. (P00000117788)

(1) Corporate Reinstatement document

(2) Cover Letter and Articles of Amendment to change name.

For Mental Health Associates of Pensacola, Inc. (P05000039983)

(1) Cover Letter and Articles of Dissolution.

If anything else be required, please advise.

Very truly yours,



Carson C. Winn
Corporate Secretary

CCW/bwb
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MENTAL HEALTH ASSOCIATES, INC.

DOCUMENT NUMBER: P00000117788

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carson C. Winn

(Name of Contact Person)

MENTAL HEALTH ASSOCIATES OF PENSACOLA, INC.

(Firm/ Company)

14 West Jordan Street, Suite 2-B

(Address)

Pensacola, FL 32501

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Carson C. Winn

(Name of Contact Person)

at (850) 469-0128

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

MENTAL HEALTH ASSOCIATES, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

FILED
05 JUN 23 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P00000117788

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

MENTAL HEALTH ASSOCIATES OF PENSACOLA, INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

NONE

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: June 14, 2005

Effective date if applicable: upon filing date
(no more than 90 days after amendment file date)

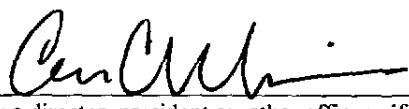
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by
_____"
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 14th day of June, 2005.

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Carson C. Winn
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILING FEE: \$35