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# TRANSMITTAL LETTER

FILED

2003 MAR 28 PM 1: 19

TALLAHASSEE FLORIDA

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Gu	lf Coast Behavioral Health, I				
	(PROPOSED CORPORA'	TE NAME ~ <u>MUST INCL</u>	ÜDE SÜFFIX)		
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	d a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Christopher P. Calkin	(Printed or typed)			
-	1715 N. West Shore Blvd Suite 918				
-	Tampa, Florida 33607	State & Zip			
-	(813) 287-1980	elephone number			
	—				

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

Gulf Coast Behavioral Health, Inc.

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#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

16510 OffenHaur Road Odessa, Florida 33556

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

The rendering of mental health services

#### ARTICLE IV SHARES

The number of shares of stock is: 100

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

### REGISTERED AGENT

The name and Florida street address of the registered agent is:

\*

Christopher P. Calkin, Esq. of the Law Offices of Christopher P. Calkin, P.A. 1715 N. West Shore Blvd.- Suite 918 Tampa, Florida 33607

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Christopher P. Calkin, Esq. of the Law Offices of Christopher P. Calkin, P.A. 1715 N. West Shore Blvd, - Suite 918 Tampa, Florida 33607

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familia) with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator