

PD5000036057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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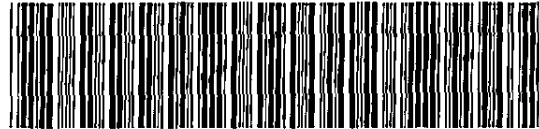
(Business Entity Name)

(Document Number)

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MAR 10 11 30 AM  
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C.J. 3-10

## TRANSMITTAL LETTER

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

SUBJECT: MARRIANN Mental Health Center Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: George L. HORVAT Ph.D  
Name (Printed or typed)

17013 NW 20<sup>th</sup> ST  
Address

Blountstown, FL 32424  
City, State & Zip

850-674-6457  
Daytime Telephone 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:

MARIANNA Mental Health Center, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

17013 NW 20<sup>th</sup> ST  
Blountstown, FL 32424

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide Mental Health  
Services in and around MARIANNA, FL.

**ARTICLE IV SHARES**

The number of shares of stock is:

one thousand (1000)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Dr George L. HORVAT  
17013 NW 20<sup>th</sup> ST  
Blountstown FL 32424  
Chief Executive Officer

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dr George L. HORVAT  
17013 NW 20<sup>th</sup> ST  
Blountstown FL 32424

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dr George L. HORVAT  
17013 NW 20<sup>th</sup> ST  
Blountstown, FL 32424

\*\*\*\*\*

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 familiar with and accept the appointment as registered agent and agree to act in this capacity

George L. Horvat Ph.D  
Signature/Registered Agent

3-9-05  
Date

George L. Horvat Ph.D  
Signature/Incorporator

3-9-05  
Date

FILED  
05 MAR 10 AM 9:19  
TALLAHASSEE, FL 32309