

PD9000029818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WD9000013800

Office Use Only



600145625286

03/16/09--01045--012 \*\*78.75

03/26/09--01027--007 \*\*43.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 2 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Tampa Behavioral Health  
(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Jonathan Worcester  
(Contact Person)

New Tampa Behavioral Health  
(Firm/Company)

P.O. Box 46206  
(Address)

Tampa, FL 33646  
(City, State and Zip Code)

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For further information concerning this matter, please call:

Jonathan Worcester at (813) 382-2056  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees and Certificate of Status    ☐ \$113.75 Filing Fees and Certified Copy    ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2009

JONATHAN WORCESTER  
P.O. BOX 46206  
TAMPA, FL 33646

SUBJECT: NEW TAMPA BEHAVIORAL HEALTH, INC.  
Ref. Number: W09000012800

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for NEW TAMPA BEHAVIORAL HEALTH, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are returning your check for \$122.50 to be replaced by one in the correct amount of \$43.75.

Required signature on behalf of the corporation., .

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 709A00009193

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

New Tampa Behavioral Health, LLC L05 000070541  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company  
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on 7/18/2005  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

New Tampa Behavioral Health, Inc.  
(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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Signed this 12<sup>th</sup> day of March, 2009.

**Required Signature for Florida Profit Corporation:**

(Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: \_\_\_\_\_)

Printed Name: Jonathan Worcester Title: member / Director

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: \_\_\_\_\_

Printed Name: JONATHAN WORCESTER Title: member

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FLORIDA

## 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:

New Tampa Behavioral Health, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

New Tampa Behavioral Health, Inc. ← mailing address

P.O. Box 46206

Tampa, FL 33646

physical address

8532 Canterbury Lake Blvd.

→ Tampa, FL 33619

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

In order to provide services authorized in the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jonathan A. Worcester, Ph.D., Director

8532 Canterbury Lake Blvd.

Tampa, FL 33619

### ARTICLE VI REGISTERED AGENT

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

Jonathan A. Worcester

8532 Canterbury Lake Blvd.

Tampa, FL 33619

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Jonathan A. Worcester  
8532 Canterbury Lake Blvd.  
Tampa, FL 33619

\*\*\*\*\*

*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*

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
3/12/09

Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
3/12/09

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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