

Document Number Only

P95000051010

FILED
95 JUN 29 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092
CORPORATION(S) NAME

900001527119
-06/29/95--01046--018
*****70.00 *****70.00

*Liberty Behavioral Healthcare
of Florida, Inc.*

☒ Profit - Articles

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS/ G/S

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

*6/29/95
3:00*

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CR2E031 (1-89)

6/29/95 JUN 29 1995

ARTICLES OF INCORPORATION
OF
LIBERTY BEHAVIORAL HEALTHCARE OF FLORIDA, INC.

FILED
95 JUN 29 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator for purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

- FIRST: The name of the Corporation is LIBERTY BEHAVIORAL HEALTHCARE OF FLORIDA, INC. (the "Corporation").
- SECOND: The street address of the initial principal office and mailing address of the Corporation is 1200 South Pine Island Road, Plantation, Florida 33324.
- THIRD: The Corporation is authorized to issue 50,000 shares of common stock, par value \$.01 per share.
- FOURTH: The street address of the initial registered office of the Corporation is: 1200 South Pine Island Road, Plantation, Florida 33324, and the registered agent at that address is: CT Corporation System.
- FIFTH: The name and address of the incorporator of the Corporation is Patricia C. Robichaud, 101 Federal Street, Boston, MA 02110.
- SIXTH: The Corporation is organized for the purpose of transacting any and all lawful activities or business for which corporations may be formed under Chapter 607 of the Florida Statutes.
- SEVENTH: The Corporation shall have two directors initially and the number of directors may be increased or diminished from time to time as provided in the Bylaws but shall never be less than one. The name and address of the initial directors of the Corporation are: William J. Hartigan, 21 Custom House St., Boston, MA 02210; and Robert D. Eustis, 21 Custom House St., Boston, MA 02110.
- EIGHTH: Meetings of the stockholders may be held at such place within the United States (whether within or outside the State of Florida) as the Board of Directors may determine.

NINTH: The corporate existence of the Corporation shall commence upon the filing of these Articles of Incorporation.

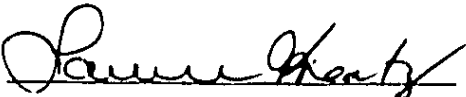
In Witness Whereof, the undersigned incorporator has executed these Articles of Incorporation this ~~24th~~ day of June, 1995.

Patricia C. Robichaud
Patricia C. Robichaud,
Incorporator

ACCEPTANCE OF APPOINTMENT
OF
REGISTERED AGENT

I hereby accept the appointment as registered agent contained in the foregoing Articles of Incorporation and state that I am familiar with and accept the obligations of Section 607.0505 of the Florida Business Corporation Act.

CT CORPORATION SYSTEM

By: 

LAUREN H. KHEATZ
SPECIAL ASST. SECRETARY

1899r

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TALLAHASSEE, FLORIDA

Document Number Only

P95000051010

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092
CORPORATION(S) NAME

0000001536840
-07/13/95--01048--011
*****35.00 *****35.00

Liberty Behavioral Healthcare of Florida, Inc.

- ☐ Profit
☐ NonProfit
☐ Limited Liability Company
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Certified Copy
☐ Call When Ready
☒ Walk In
☐ Mail Out
- ☒ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call if Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of R.A.
☐ Fictitious Name
☐ CUS/ G/S
☐ After 4:30
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7/13/95

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AMEND
7/14



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

*WALK-IN 7/14
Will wait 3:00*

Please back date

July 13, 1995

CT CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: LIBERTY BEHAVIORAL HEALTHCARE OF FLORIDA, INC.
Ref. Number: P95000051010

We have received your document for LIBERTY BEHAVIORAL HEALTHCARE OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

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 (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 695A00033707

ARTICLES OF AMENDMENT
OF
LIBERTY BEHAVIORAL HEALTHCARE OF FLORIDA, INC.
(BY VOTE OF INCORPORATOR)

Pursuant to Section 607.1006 of the Florida Business Corporation Act, the undersigned corporation adopts these Articles of Amendment.

FIRST: The name of the Corporation is Liberty Behavioral Healthcare of Florida, Inc.

SECOND: The Articles of Incorporation of this Corporation are amended by changing the numbered "SEVENTH" so that as amended, said Article shall read as follows:

The Corporation shall have two directors and the number of directors may be increased or diminished from time to time as provided in the By-Laws but shall never be less than one. The name and address of the directors of the Corporation are: William J. Hartigan, 21 Custom House Street, Boston, MA 02110; and Frederic H. Jacobs, 21 Custom House Street, Boston, MA 02110.

THIRD: The Amendment to the Articles of Incorporation of the Corporation set forth above was adopted on the 12th day of July, 1995.

FOURTH: Prior to the issuance of shares, the Amendment was adopted by the Incorporator and shareholder action was not required.

Signed this 12th day of July,
1995.

LIBERTY BEHAVIORAL HEALTHCARE
OF FLORIDA, INC.

By: Patricia C. Robichaud
Patricia C. Robichaud
Incorporator

Document Number Only

P950000 51010

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

Liberty Behavioral Health Services, Inc.
Company for Liberty Behavioral Management of Florida, Inc.

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 29, 1996

CT CORPORATION SYSTEM

TALLAHASSEE, FL 32301

SUBJECT: LIBERTY BEHAVIORAL HEALTHCARE OF FLORIDA, INC.
Ref. Number: P95000051010

Walk - In 8/1

*Karen,
Please file &
back date.*

We have received your document for LIBERTY BEHAVIORAL HEALTHCARE OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

THE AMENDMENT FORM SUBMITTED DOES NOT SPECIFY A METHOD OF ADOPTION. THERE ARE THREE LISTED BUT NOTHING CHOSEN.

We are enclosing the proper form(s) with instructions for your convenience.

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 (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 696A00036344

ARTICLES OF AMENDMENT

OF

Liberty Behavioral Healthcare of Florida, Inc.

(BY VOTE OF SHAREHOLDERS, OR BY INCORPORATORS, OR THE BOARD
OF DIRECTORS WITHOUT SHAREHOLDER ACTION)

PURSUANT TO SECTION 607.1006 OF THE FLORIDA BUSINESS CORPORATION ACT, THE
UNDERSIGNED CORPORATION ADOPTS THESE ARTICLES OF AMENDMENT.

FIRST: THE NAME OF THE CORPORATION IS Liberty Behavioral
Healthcare of Florida, Inc.

SECOND: THE ARTICLES OF INCORPORATION OF THIS CORPORATION ARE AMENDED
BY CHANGING THE ARTICLE NUMBERED " ONE " SO THAT, AS AMENDED, SAID ARTICLE
SHALL READ AS FOLLOWS: The name of the Corporation is LIBERTY BEHAVIORAL
MANAGEMENT OF FLORIDA, INC.

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96 JUL 29 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*THIRD: A) THE AMENDMENT(S) PROVIDE(S) FOR (CHOOSE ALL THAT APPLY): (AN
EXCHANGE, RECLASSIFICATION, OR CANCELLATION) OF ISSUED SHARES.

B) PROVISIONS FOR IMPLEMENTING THE AMENDMENT(S), NOT CONTAINED IN THE
AMENDMENT(S) ITSELF (THEMSELVES), ARE AS FOLLOWS:

FOURTH: THE AMENDMENT TO THE ARTICLES OF INCORPORATION OF THE CORPORA-
TION SET FORTH ABOVE WAS ADOPTED ON THE 19TH DAY OF July, 1996

*(USE IF APPLICABLE)

~~*FIFTH: PRIOR TO THE ISSUANCE OF SHARES, THE AMENDMENT(S) WAS (WERE)~~
ADOPTED BY THE INCORPORATORS AND SHAREHOLDER ACTION WAS NOT REQUIRED.

~~**FIFTH: PRIOR TO THE ISSUANCE OF SHARES, THE AMENDMENT(S) WAS (WERE)~~
ADOPTED BY THE BOARD OF DIRECTORS WITHOUT SHAREHOLDER ACTION AND
~~SHAREHOLDER ACTION WAS NOT REQUIRED.~~

**FIFTH: A) THE AMENDMENT(S) WAS (WERE) APPROVED BY THE SHAREHOLDERS.
THE NUMBER OF VOTES CAST FOR THE AMENDMENT(S) BY THE SHAREHOLDERS WAS
SUFFICIENT FOR APPROVAL. *AND B) TWO OR MORE DESIGNATED VOTING GROUPS WERE
ENTITLED TO VOTE ON THE AMENDMENT(S) AS FOLLOWS:

VOTING GROUP DESIGNATION

	NO. OF SHARES	NO. OF SHARES	
	ENTITLED TO	VOTED IN	NO. OF SHARES
<u>CLASS</u>	<u>VOTE</u>	<u>FAVOR</u>	<u>VOTED AGAINST</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

THE NUMBER OF VOTES CAST FOR THE AMENDMENT(S) BY THE SHAREHOLDERS IN
EACH VOTING GROUP WAS SUFFICIENT FOR APPROVAL BY THAT VOTING GROUP.

SIGNED THIS 22nd DAY OF July, 1996
Liberty Behavioral Management of Florida, Inc.
(NAME OF CORPORATION)

BY Robert D. Eustis
*** (CHAIRMAN, VICE CHAIRMAN, PRESIDENT OR
OTHER OFFICER)

Robert D. Eustis
NAME
Vice President
TITLE

** (USE ONE OF THE FOLLOWING ARTICLES AS ARTICLE 5)

*** IF THE AMENDMENT IS MADE BY THE INCORPORATORS OR BOARD OF DIRECTORS
WITHOUT SHAREHOLDER ACTION, THE ARTICLES OF AMENDMENT SHALL BE EXECUTED BY
AN INCORPORATOR OR DIRECTOR, AS THE CASE MAY BE, APPROVING THE AMENDMENT.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000051010**

1. Corporation Name

LIBERTY BEHAVIORAL MANAGEMENT OF FLORIDA, INC.

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96 NOV 15 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Mailing Address

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

21 Custom House Street
City & State
Boston, MA

Zip

Country

02110

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1995

5. FEI Number

65-0600079

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	HARTIGAN, WILLIAM J. Hartigan, William J.	21 CUSTOM HOUSE ST. 21 Custom House Street	BOSTON MA 02110 Boston, MA 02110
v/D	JACOBS, FREDERICK H. Eustis, Robert D.	21 CUSTOM HOUSE ST. 21 Custom House Street	BOSTON MA 02110 Boston, MA 02110

200002009832--1
-11/20/96--01073--014
****375.00 ****375.00

JB11-18-96

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Patricia A. Canario

REGISTERED AGENT MUST SIGN

PATRICIA A. CANARIO,
SPECIAL ASSISTANT-SECRETARY

10/24/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Robert D. Eustis

Robert D. Eustis

10/14/96

(617) 946-3360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #