

P96000090113

Application for Reservation of Corporate Name

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL. 32399

500001991145--7
-10/30/96--01113--023
****113.75 ****113.75

Division of Corporations:

Pursuant to the provisions of Section 607.0402 of the Florida Business Corporation Act,
the undersigned hereby applies for reservation of the following name for a period of 120
days:

Name: Bay Behavioral Health, Inc.

Enclosed is a check for \$35 in payment of the required fee.

SIGNED: James E. Beller, M.A.
10/29/96

From:

James E. Beller, M.A.

2121 Lisenby Avenue

Panama City, Florida 32405

and

Patricia E. Sinicrope, Ph.D.

2121 Lisenby Avenue

Panama City, FL 32405

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 30 AM 11:31

ag 11/4/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 30 AM 11:31

Please issue the following to Bay Behavioral Health, Inc.:

CONFIRMATION OF INCORPORATION LETTER (\$70 FILING FEE
ENCLOSED) ✓

CERTIFICATE OF STATUS (\$8.75 ADDITIONAL ENCLOSED): ✓

CERTIFIED COPY OF THE ARTICLES (\$52.50 ADDITIONAL ENCLOSED): N/A

THANK YOU

James E. Beller, M.D.
James E. Beller
Incorporator

Patricia E. Sinicrope, Ph.D.
Patricia E. Sinicrope, Ph.D.
Incorporator

ARTICLES OF INCORPORATION

OF

Bay Behavioral Health, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 30 AM 11:31

ARTICLE I NAME

The name of the corporation shall be: Bay Behavioral Health, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2121 Lisenby Avenue
Panama City, Florida 32405

Phone: 904-913-9313

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized those outstanding at any one time is : 100.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

James E. Beller, M.A.
2121 Lisenby Avenue
Panama City, Florida 32405

Phone: 904-913-1313

ARTICLE V INCORPORATOR

The name and street address of the incorporators to these Articles of Incorporation is:

James E. Beller, M.A. and Patricia E. Sinicrope, Ph.D./CEO
2121 Lisenby Avenue
Panama City, Florida 32405

Phone: 904-913-9313

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 30 AM 11:31

Pursuant to the provisions of DESIGNATION 601.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

Bay Behavioral Health, Inc.

2. The name and address of the registered agent and office is:

James E. Beller, M.A.

2121 Lisenby Avenue

Panama City, Florida

32405

Signature: James E. Beller, M.A.
James E. Beller

Title: _____

Date: October 29, 1996

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: James E. Beller, M.A.

DATE: 10-29-96

P96000090113

Patricia E. Dinicope, Ph.D.

CLINICAL PSYCHOLOGY

731 A AIRPORT DRIVE • PANAMA CITY, FLORIDA 32405 • TELEPHONE (904) 913-9313 • FAX (904) 763-3933

April 23, 1997

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Bay Behavioral Health Inc.
Dissolution

To Whom It May Concern:

I am enclosing a check in the amount of \$52.50 and an Article of Dissolution in reference to the above corporation. Please send a certified copy of the dissolution.

Thank you for your consideration of this and if you require further information to process this dissolution, please call me at (904) 913-9313.

Sincerely,



Brenda Patterson
Office Manager

500002168115--5
-05/06/97--01105--034
*****35.00 *****35.00

500002168115--5
-05/06/97--01105--035
*****52.50 *****52.50

VS MAY 1 1997

Ud/dis

FILED
97 APR 30 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Patricia E. Sinicrope, Ph.D.

CLINICAL PSYCHOLOGY

731 A AIRPORT DRIVE • PANAMA CITY, FLORIDA 32405 • TELEPHONE (904) 913-9313 • FAX (904) 763-3933

April 28, 1997

Division of Corporations
PO Box 6327
Tallahassee, FL 32314
ATTN: Velma Shepard

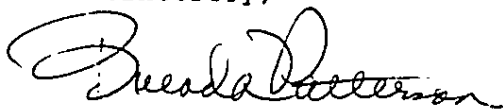
RE: Bay Behavioral Health Inc.

Dear Ms. Shepard:

I have enclosed a check in the amount of \$35.00 for the Dissolution of Bay Behavioral Health Inc. On April 23, 1997 I sent the Article of Dissolution and \$52.50 to receive a certified copy of the Dissolution and failed to include the \$35.00.

Thank you for your attention to this matter and if you need further information, please contact me at (904) 913-9313.

Sincerely,



Brenda Patterson
Office Manager

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Bay Behavioral
Health, Inc.

SECOND: The articles of incorporation were filed on: 10/30/96

THIRD: (CHECK ONE)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 14th day of April, 19 97.

Patricia E. Sinicrope
James E. Beller
Signature

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

PATRICIA E. SINICROPE, CEO
James E. Beller, President
(Typed or printed name)

(Title)

FILED
97 APR 30 AM 11:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA