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APPLICATION FOR RESERVATION OF CORPORATE NAME

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

RECEIVED  
DIVISION OF CORPORATIONS  
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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: Behavioral Health, Inc.

Enclosed is a check/money order in payment of the required  
fee. \$35 reservation/ \$70 filing fee

SIGNED: Tony Gilchrist

From:

400002021314--2  
-12/05/96--01084--011  
\*\*\*\*105.00 \*\*\*\*105.00

Tony Gilchrist  
Name

2121 Lisenby Ave  
Address

Panama City, FL. 32406  
City State Zip

904-784-0869  
Telephone Number

51  
12/3

**ARTICLES OF INCORPORATION**

of \_\_\_\_\_

Behavioral Health, Inc.

**ARTICLE I NAME**

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

**ARTICLE II PRINCIPAL OFFICE**

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

David Loiry, Ph.D. \_\_\_\_\_

2003 Wilson Ave. \_\_\_\_\_

Panama City, Fl 32405 \_\_\_\_\_

\_\_\_\_\_

**ARTICLE III CAPITAL STOCK**

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

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

\_\_\_\_ Tony Gilchrist \_\_\_\_\_

\_\_\_\_ 2121 Lisenby Ave \_\_\_\_\_

\_\_\_\_ Panama City, Fl. 32406 \_\_\_\_\_

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STATE

ARTICLE V INCORPORATOR

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

\_David Loiry, Ph.D. \_\_\_\_\_

\_2003 Wilson Ave. \_\_\_\_\_

\_Panama City, Fl. \_\_\_\_\_

\_32406 \_\_\_\_\_

The undersigned has executed these Articles of Incorporation this \_26\_ day of Nov. \_\_\_\_\_ 1996\_\_.

David Loiry, Ph.D.  
\_\_\_\_\_, Incorporator

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, 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:

Behavioral Health, Inc.

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

Tony Gilchrist

2121 Lisenby Ave.

Panama City, Fl

32406

Signature: Tony Gilchrist

Title: V.P., Treasurer and Secretary

Date: 11/26/96

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: Jonny Delchert

Date: 11/25/96

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DIVISION OF CORPORATIONS  
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