

P960000 97321

APPLICATION FOR RESERVATION OF CORPORATE NAME

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC -3 AM 10:18

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.

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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 _____

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 DeLicht

Date: 11/25/96

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