

P917000019066

Florida Behavioral Network

Requestor's Name
1001 Ives Dairy Road
Ste 206

Address
North Miami Beach FL 33179
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

300002074903--9
-01/31/97--01049--010
****122.50 ****122.50

W97-2761

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

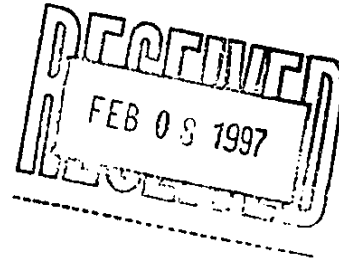
FILED
97 MAR -3 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 3 1997

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State



February 4, 1997

LISA GOLDMAN
1001 IVES DAIRY ROAD, SUITE 206
MIAMI, FL 33179

SUBJECT: FLORIDA BEHAVIORAL NETWORK OUTPATIENT SERVICES,
INC.
Ref. Number: W97000002761

We have received your document for FLORIDA BEHAVIORAL NETWORK OUTPATIENT SERVICES, 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):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 397A00005807

ARTICLES OF INCORPORATION
OF
FLORIDA BEHAVIORAL NETWORK OUTPATIENT SERVICES, INC.

FILED
97 MAR -3 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator, signs the following Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

ARTICLE I

The name of the corporation shall be:
FLORIDA BEHAVIORAL NETWORK OUTPATIENT SERVICES, INC.

ARTICLE II

The existence of the corporation shall commence upon the filing of these Articles of Incorporation by the Department of State and shall be perpetual.

ARTICLE III

The corporation may engage in any and all businesses and activities permitted by the laws of the State of Florida. The corporation shall have all of the powers vested in a corporation organized under and existing by virtue of such laws.

ARTICLE IV

The maximum number of shares which the Corporation shall have authority to issue shall be 1,000 shares of common stock with a par value of \$.01 per share.

ARTICLE V

The initial registered agent and street address of the initial registered office of the corporation shall be:

STATEWIDE MANAGEMENT & FINANCIAL SERVICES CORP.

1001 Ives Diary Road, Suite 206

Miami, Florida 33179

The number of directors may be increased or decreased from time to time pursuant to the bylaws of the corporation, but shall not be less than one.

ARTICLE VII

The name and address of the incorporator of the corporation is:

STATEWIDE MANAGEMENT & FINANCIAL SERVICES CORP.

1001 Ives Diary Road, Suite 206

Miami, Florida 33179

ARTICLE VIII

the mailing address of the corporation shall be:

1001 Ives Dairy Road, Suite 206
Miami, Florida 33179

FILED

97 MAR -3 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Executed at Tallahassee, Florida this 7th day of
January 1997.

STATEWIDE MANAGEMENT & FINANCIAL SERVICES CORP.
Incorporator

By: Lisa Goldman
President

ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of Florida Inc., the
undersigned accepts such to act in such capacity. STATEWIDE
MANAGEMENT & FINANCIAL SERVICES CORP., the
undersigned accepts appointment and agrees to act in such capacity.

Dated this 7th day of January, 1997.

STATEWIDE MANAGEMENT & FINANCIAL SERVICES CORP.

By: Lisa Goldman
President

Copy -
ORIGINAL to IRS

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN

OMB No 1545-0003
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.) Florida Behavioral Network Outpatient Services	3 Executor, trustee, "care of" name
2 Trade name of business, if different from name in line 1	
4a Mailing address (street address) (room, apt., or suite no.) 1001 Ives Dairy Rd. #206	5a Address of business (See instructions.) 1555 Howell Branch Rd. #B-4
4b City, state, and ZIP code Miami, FL 33179	5b City, state, and ZIP code Winter Park, FL 32789
6 County and state where principal business is located. Orange County, Florida	
7 Name of principal officer, grantor, or general partner (See instructions.) Lisa Goldman	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input checked="" type="checkbox"/> Other corporation (specify) SCORE	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other (specify)	If nonprofit organization enter GEN (if applicable)	

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated

Foreign country	State
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify)
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type)	<input type="checkbox"/> Created a trust (specify)
<input type="checkbox"/> Banking purpose (specify)	<input type="checkbox"/> Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)
1-1-97

11 Enter closing month of accounting year. (See instructions.)

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) **02-14-97**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." **4**

Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) **Mental Health Clinical Treatment**

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used

☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an identification number for this or any other business? ☒ Yes ☐ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name **Lisa Goldman** Trade name **Florida Behavioral Network**

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) 7/2/93	City and state where filed Miami, FL	Previous EIN 6510439397
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete

Telephone number (include area code)
305-770-0717

Name and title (Please type or print clearly.)

Signature **Lisa Goldman - President/CEO** Date **1-9-97**

Please leave blank

Geo.	Ind.	Class	Size	Reason for applying
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For Paperwork Reduction Act Notice, see attached instructions. Cat. No. 16055N Form **SS-4** (Rev. 4-91)