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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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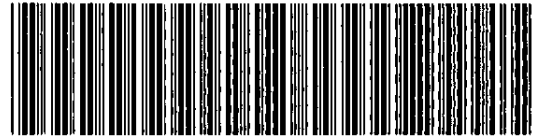
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Education and Health Centers of America, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Maria Carnevale

Name of Person

Education and Health Centers of America, Inc

Firm/Company

3350 State Route 138

Building 2, Suite 222

Address

Wall Township, New Jersey 07719

City/State and Zip Code

mcarnevale@ehcamerica.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Carnevale

Name of Person

at ( 732 ) 556-4180 ext 112

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. Education and Health Centers of America, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. New Jersey 3. 22-2425650  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/11/1978 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 3350 State Route 138, Building 2, Suite 222, Wall Township, New Jersey 07719  
(Principal office address)

Same  
(Current mailing address)

8. Re-entry services for inmates with a history of substance abuse  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip Code)

10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Elizabeth M. Smith  
(Registered agent's signature) Elizabeth Smith  
Assistant Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Robert Sullivan

Address: 3350 State Route 138, Building 2, Suite 222  
Wall Township, New Jersey 07719

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Michael Manginelli, Secretary/Treasurer

Address: 3350 State Route 138, Building 2, Suite 222  
Wall Township, New Jersey 07719

Director: Arthur Lobbe

Address: 3350 State Route 138, Building 2, Suite 222  
Wall Township, New Jersey 07719

**B. OFFICERS**

President: John J. Clancy

Address: 3350 State Route 138, Building 2, Suite 222  
Wall Township, New Jersey 07719

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John J. Clancy, President/ CEO  
(Typed or printed name and capacity of person signing application)

**EDUCATION AND HEALTH CENTERS OF AMERICA, INC.**

**# 12 A -BOARD OF TRUSTEES - Continued**

Henry Erwin  
3350 State Route 138  
Building 2, Suite 222  
Wall Township, New Jersey 07719

Gail Connors  
3350 State Route 138  
Building 2, Suite 222  
Wall Township, New Jersey 07719

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**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
SHORT FORM STANDING**

**EDUCATION AND HEALTH CENTERS OF AMERICA, INC.**

0100072920

*With the Previous or Alternate Name*

**HUDSON COUNTY ALCOHOLISM RECOVERY CENTER, INC. (Previous Name)  
ADDICTIVE REHABILITATIVE CENTERS OF AMERICA, INC. (Previous Name)  
THE HARBOR (Alternate Name)**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Non Profit Corporation was registered by this office on October 11, 1978.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*Corporation Service Company  
830 Bear Tavern Road  
West Trenton, NJ 08628*



Certification# 121278289

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
11th day of August, 2011*

*Andrew P Sidamon-Eristoff  
State Treasurer*

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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