

F15000000629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

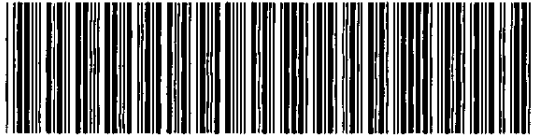
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400268647814

RECEIVED  
15 FEB 16 AM 8:46  
15 FEB 16 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 2/17

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 504180 7960626  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 70,000

15 FEB 16 AM 8:46  
STATE OF FLORIDA  
SECRETARY OF STATE

ORDER DATE : February 16, 2015  
ORDER TIME : 3:42 PM  
ORDER NO. : 504180-005  
CUSTOMER NO: 7960626

FOREIGN FILINGS

NAME: OUTPATIENT SERVICES FL, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** Outpatient Services FL, Inc.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steven Spitz

\_\_\_\_\_  
Name of Person

Elements Behavioral Health, Inc.

\_\_\_\_\_  
Firm/Company

5000 E. Spring St., Ste. 650

\_\_\_\_\_  
Address

Long Beach, CA 90815

\_\_\_\_\_  
City/State and Zip code

sspitz@theelements.com

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

For further information concerning this matter, please call:

Steven Spitz

at ( 562 ) 303-9516

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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 CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

15 FEB 16 AM 8:11  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

- 1. Outpatient Services FL, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware (State or country under the law of which it is incorporated)
3. (FEI number, if applicable)
4. February 12, 2015 (Date of incorporation)
5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. N/A (Date first transacted business in Florida, if prior to registration)
7. 5000 E. Spring Street, Suite 650, Long Beach, CA 90815 (Principal office address)
5000 E. Spring Street, Suite 650, Long Beach, CA 90815 (Current mailing address)

8. 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)

9. 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.

Corporation Service Company
By: Courtney Williams
(Registered agent's signature) Asst. Vice President

10. 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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: David Sack

Address: 5000 E. Spring Street, Suite 650, Long Beach, CA 90815

Vice Chairman: Rob Mahan

Address: 5000 E. Spring Street, Suite 650, Long Beach, CA 90815

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: David Sack

Address: 5000 E. Spring Street, Suite 650, Long Beach, CA 90815

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

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

Secretary: Rob Mahan

Address: 5000 E. Spring Street, Suite 650, Long Beach, CA 90815

Treasurer: Jim Adams

Address: 5000 E. Spring Street, Suite 650, Long Beach, CA 90815

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

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. David Sack, PRESIDENT

(Typed or printed name and capacity of person signing application)

19 FEB 16 AM 8:46  
DEPARTMENT OF STATE  
FLORIDA

# Delaware

The First State

PAGE

SECRETARY OF STATE  
ALL AMESSES FLORIDA

15 FEB 16 AM 8:46

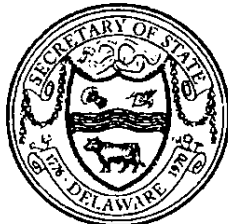
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OUTPATIENT SERVICES FL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OUTPATIENT SERVICES FL, INC." WAS INCORPORATED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5692335 8300

150202269



Jeffrey W Bullock, Secretary of State  
AUTHENTICATION: 2123672

DATE: 02-16-15