

# CERTIFICATE OF AUTHORITY OF

### PSYCHIATRIC INSTITUTES OF AMERICA

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that
duplicate originals of an Application of PSYCHIATRIC INSTITUTES OF AMERICA
for a Certificate of Authority to transact business in this State.
duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act. have
been received in this office and are found to conform to law.
ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of
Authority to PSYCHIATRIC INSTITUTES OF AMERICA
to transact business in this State under the name PSYCHIATRIC INSTITUTES OF AMERICA
and attach hereto a duplicate original of the Application
for such Certificate.
Dated May 18, 1987
EAT SEAL
Sit of Commen

Corporation Clerk

## APPLICATION FOR CERTIFICATE OF AUTHORITY

	(Profit Corp	oration)	
To the Secretary of State of Idal		wisered Composition has	reby applies for a Certificate of
Pursuant to Section 30-1-11 Authority to transact business in			
1. The name of the corporation	& Psychiatric Inst	itutes of America	
s. The halfe of the corporation			
2. The name which it shall use i	n Idaho is		
(To be used only when requ Board of Directors resolution			ile. Must be accompanied by a
3. It is incorporated under the l	ws of <u>Delaware</u>		
4. The date of its incorporation	is December 13, 19	78	_ and the period of its duration
is perpetual	*		
5. The address of its principal of	office in the state or count	ry under the laws of wh	ich it is incorporated is
Corporation Trust Ce	nter, 1209 Orange S	Street, Wilmington	n, Delaware 19801
6. The address to which corresp	oondence should be addre	ssed, if different from th	nat in item 5.
1010 Wisconsin Avenu	e, N.W., Suite 900	, Washington, D.C	. 20007
7. The street address of its prop	osed registered office in Id	aho is300 North	6th Street
Boise, Idaho 83701			
			_, and the name of its proposed
registered agent in Idaho at t			
8. The purpose or purposes wh			
			es and/or units within
general hospitals ar			ties
9. The names and respective ad	dresses of its directors an	d officers are:	
Name	Office		Address
See Attached List			

(continued on reverse)

Name	Office	Address
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		and a second shallows of the State of
<ol><li>The corporation accepts and</li></ol>	shall comply with the provisi	ons of the Constitution and the laws of the State o
Idaho.		
		a
1. This Application is accompan	nied by a certificate of Corpo	rate Status or Existence, duly authenticated by the
proper officer of the state	e or country under the la	ws of which it is incorporated.
N 2 1917	l .	
Dated: May 7, 1917		
/ /		
	<u>Psychiatric</u>	Institutes of America
		(Corporation Name)
	_ /	$M_{1}J)$ $M_{2}J$
	By	Exet.   Vice President (please specify)
•	Neil Shapiro (ts	Exact. Vice I resident (pieuse specify)
	1/4 -/4	-H7/41/4
	and Chaluster Ite	Secretary/ Assistant Socretary (please specify)
		Secretary massimalizationary (picture operator)
KRATE OF District of Col	<u>umbia</u> )	
	) ss:	
30 WNEXX City of Washi	ington )	
I. Jonathan A. Salzmar	1	, a notary public, do hereby certify that or
. 1		
this 774 da	y of May	, 1987 , personally appeared before
	•	
me Neil Shapiro	, w	ho being by me first duly sworn, declared that (3)ho
sthe Executive Vice Pres	ident of Psychiatric	Institutes of America
3 tile		
that (who signed the foregoing do	cument as Executive Vic	e President of the corporation and tha
that (some signed the foregoing do- the statements therein contained :	are true.	•
the statements therein contained	P2 4 14 WV.	
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Y	// · ·	

Notary Public

#### OFFICERS OF PSYCHIATRIC INSTITUTES OF AMERICA

President:

Norman A. Zober

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Executive Vice President:

Arthur Heimbold

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Executive Vice President:

Thomas Doherty

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Exec. Vice Pres. & CFO:

Russell D. Ragland

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Executive Vice President:

Neil Shapiro

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Senior Vice Pres. & Treas:

Robert T. Bagshaw

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Senior Vice President:

William P. Travis

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Sen. V.P., Sec. & Gen. Counsel:

Warren G. Stolusky

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Senior Vice President:

Thomas M. Ebejer

1010 Wisconsin Ave. N.W.

Suite 410

Washington, D.C. 20007

Senior Vice President:

Gene Vorhies

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Senior Vice President:

Howard Finkel

1010 Wisconsin Ave. N.W.

Suite 510

Senior Vice President:

Harvey Friedman

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

Dave Lange

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

Mary Strosser

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

Brian Lally

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

C. David Jacobsen

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

David Albinson

1010 Wisconsin Ave. N.W.

Suite 201

Washington, D.C. 20007

Vice President:

Leon Bennett

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

Alfred 2. Homiski, Jr.

3010 LBJ Freeway

Suite 1000

Dallas, Texas 75234

Vice Pres. & Asst. Treas.:

Tappe Squires

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

Daved L. Frerker

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

Patricia Burns

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

Anthony Cusati, III

1010 Wisconsin Ave. N.W.

Suite 900

**16**2

Vice President:

Rebecca Stuart 1010 Wisconsin Ave. N.W.

enita LOE

Suite 405

Washington, D.C. 20007

Vice President:

James M. Usdan

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

Charles Wright

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

Brenda Rouzer

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice President:

Ralph West

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Vice Pres. & Asst. Treas.:

Taylor R. Jenson

11620 Wilshire Blvd.

Los Angeles, Calif. 90025

Assistant Vice President:

Steve Sams

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Assistant Vice President:

Sandra Smith

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Assistant Vice President:

Janet Heisse

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Assistant Vice President:

Michael B. Gegner

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Assistant Vice President:

Thomas Duncan

900 East LaHarpe

Kirksville, Missouri 63501

Assistant Vice President:

James Roark

1010 Wisconsin Ave. N.W.

Suite 900

Assistant Vice President:

Breat J. Bryson

3180 Atlanta Street, S.E. Smyrna, Georgia 30080

Assistant Vice President:

Roy Chernoff

5440 Linton Boulevard Delray Beach, Fla. 33443

Assistant Vice President:

Robert J. Constantine 1625 South Osprey Avenue Sarasota, Florida 33579

Assistant Vice President:

Ron Cronen

709 Medical Center Blvd. Wesbster, Texas 77598

Assistant Vice President:

Gregory Steele 14901 Broschart Road

Rockville, Maryland 20850

Assistant Vice President:

Art Nelson

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Assistant Vice President:

Doris Reinhart

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Assistant Vice President:

Peter Alexis

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Assistant Vice President:

Jeri Davis

1010 Wisconsin Ave. N.W.

Suite 900

Washington, D.C. 20007

Assoc. Counsel & Asst. Sec.:

Linda B. Disselkamp

1010 Wisconsin Ave. N.W.

Suite 900

### DIRECTORS OF PSYCHIATRIC INSTITUTES OF AMERICA

Marcus E. Powers 19238 Pacific Coast Highway Malibu, Califorina 90265

Norman A. Zober 1010 Wisconsin Ave., N.W. Suite 900 Washington, D.C. 20007

Warren G. Stolusky 1010 Wisconsin Ave., N.W. Suite 900 Washington, D.C. 20007 State of Belaware



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# Office of Secretary of State

I, MICHAEL HARKINS, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY PSYCHIATRIC INSTITUTES OF AMERICA 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 DATE SHOWN BELOW.



870990060

Michael Harkins, Secretary of State

AUTHENTICATION:

11223779

DATE:

05/05/1987