

State of Indiana  
Office of the Secretary of State

Certified Copies

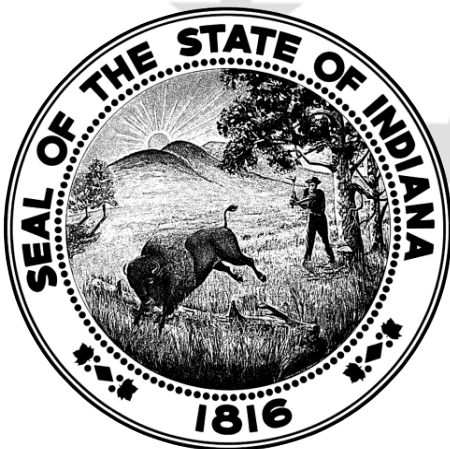
To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 7 page document consisting of the following records filed in this office:

Certification Date: December 12, 2022  
Business Name: LIBERTY BEHAVIORAL HEALTH CORPORATION  
Business ID: 2009111700496

Transaction	Date Filed	No. of pages
Application for Certificate of Authority	11/17/2009	4
Business Entity Report	04/29/2013	1
Change of Registered Office/Agent	06/03/2013	2
Total No. of pages		7



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 12, 2022

HOLLI SULLIVAN  
SECRETARY OF STATE

2009111700496 / 15245869

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>  
Expires on January 11, 2023.



**APPLICATION FOR CERTIFICATE OF  
AUTHORITY OF A FOREIGN CORPORATION**

State Form 38784 (R9/ 12-02) Corporate Form 112

Approved By State Board Of Accounts, 1995 Indiana Secretary of State

Packet: 2009111700496

Filing Date: 11/17/2009

Effective Date: 11/17/2009

TODD ROKITA  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

RECEIVED  
CORPORATIONS DIV.

Indiana Code 23-1-49-1 et seq.  
23-1-49-3

09 NOV 12 PM 1:10 Fee: \$90.00

**NOTES:**

1. An Original Certificate of Existence duly authenticated by the proper authority from corporation's domiciliary state within the last sixty (60) days must be submitted with this application.
2. A Registered Agent with an Indiana street address (not a PO BOX) must be listed in ARTICLE III.

**INSTRUCTIONS:**

- Use 8 1/2" x 11" white paper for attachments.
- Present original and one copy to address in the upper right corner of this form.
- Please TYPE or PRINT.
- Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

APPROVED  
AND  
FILED  
*Todd Rokita*  
INDIANA SECRETARY OF STATE

2009 NOV 17 AM 10:19

INDIANA SECRETARY OF STATE  
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**APPLICATION FOR CERTIFICATE OF AUTHORITY**

OF

*Liberty Behavioral Health Corporation*

A FOREIGN CORPORATION

TO TRANSACT BUSINESS IN THE STATE OF INDIANA

The undersigned officer of the above corporation which was formed as:

☒ A general business corporation

☐ A professional corporation

desiring to effectuate the admittance of the Corporation to transact business in the State of Indiana, certifies the following facts:

ARTICLE I: Name		
Name of Corporation ( Must be identical to name shown in Articles of Incorporation and Amendments thereto)		
<i>Liberty Behavioral Health Corporation</i>		
ARTICLE II: Address of Corporation		
Address of the principal office of corporation (Number and street, city, state and ZIP code)		
<i>401 E. City Ave, Ste 820, Bala Cynwyd, PA 19004</i>		
ARTICLE III: Registered Office and Registered Agent		
Name of the Registered Agent of the corporation (can not be the corporation itself)		
<i>CT Corporation System</i>		
Indiana address of the registered office of corporation (Number and street, city; P.O. Box not accepted)		INDIANA ZIP code
<i>251 E. Ohio St, Ste 1100, Indianapolis</i>		<i>46204</i>
ARTICLE IV: Date and State of Incorporation and Duration of Existence		
Date of incorporation in domiciliary state:	State of incorporation	
<i>3-23-98</i>	<i>Pennsylvania</i>	
Expected period of duration listed in the Articles of Incorporation (perpetual, term of years or date certain e.g. December 31, 2050)		
<i>perpetual</i>		
ARTICLE V: Corporate Officers		
The names and business addresses of the officers of the Corporation:		
Name	Title	Address (Number, street, city, state and ZIP code)
<i>Herbert T. Cooley, M.D.</i>	<i>President</i>	<i>401 E. City Ave, Ste. 820</i>
	<i>Secretary +</i>	<i>Bala Cynwyd, PA 19004</i>
	<i>Treasurer</i>	

**ARTICLE VI: Board of Directors**

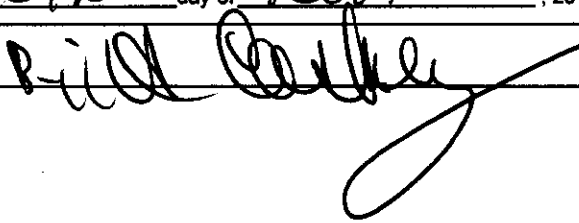
The names and business addresses of the Board of Directors of the Corporation are as follows:

Name	Address (Number, street, city, state and ZIP code)
Herbert T. Caskey, MD Sole member of the Board of Directors	401 E. City Ave, Ste 820 Bala Cynwyd, PA 19004

In witness whereof, the undersigned being the President of said Corporation executes this  
(Title: officer or Chairman of Board)

Application For Certificate Of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this

10th day of Nov., 2009.

Signature 	Printed name Herbert T. Caskey, MD.
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Indiana Secretary of State  
 Packet: 2009111700496  
 Filing Date: 11/17/2009  
 Effective Date: 11/17/2009

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09 NOV 12 PM 1:01

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**NOVEMBER 9, 2009**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

INDIANA SECRETARY OF STATE  
RECEIVED  
2009 NOV 17 AM 10:19

**I DO HEREBY CERTIFY THAT,**

**LIBERTY BEHAVIORAL HEALTH CORPORATION**

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and  
remains a subsisting corporation so far as the records of this office show, as of  
the date herein.**



**IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's Office to  
be affixed, the day and year above  
written.**

*Pedro A. Cortes*  
**Secretary of the Commonwealth**

**State of Indiana  
Office of the Secretary of State**

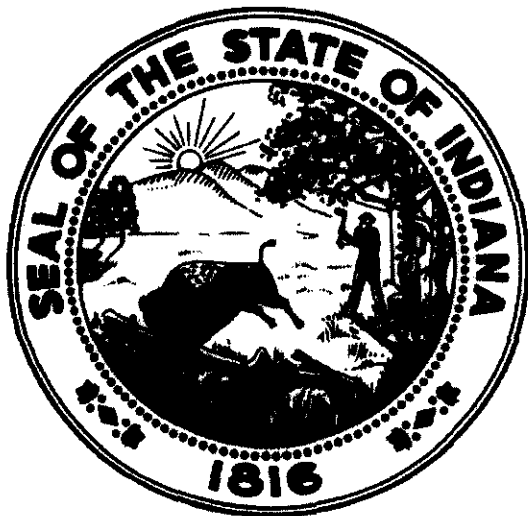
**CERTIFICATE OF AUTHORITY  
of**

**LIBERTY BEHAVIORAL HEALTH CORPORATION**

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Application for Certificate of Authority of the above Pennsylvania For-Profit Foreign Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

Indiana Secretary of State  
Packet: 2009111700496  
Filing Date: 11/17/2009  
Effective Date: 11/17/2009

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, November 17, 2009.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 17, 2009.

A handwritten signature in black ink, reading "Todd Rokita".

TODD ROKITA,  
SECRETARY OF STATE

2009111700496 / 2009111752536

# INDIANA BUSINESS ENTITY REPORT

Indiana Secretary of State

4/29/2013 10:33:40 AM

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**Filer Name**

ROSEMARIE PALICKI

**Filer Title**

OTHER

---

**Years Filed**

2011/2012

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**Entity name and current principal office address**

LIBERTY BEHAVIORAL HEALTH CORPORATION  
401 E CITY AVE  
STE 820  
BALA CYNWYD, PA 19004

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**Entity Creation Date**

11/17/2009

**Domicile State**

PENNSYLVANIA

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**Entity Type**

FOR-PROFIT FOREIGN CORPORATION

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**Current registered agent and registered address**

CT CORPORATION SYSTEM  
251 E OHIO ST  
STE 1100  
INDIANAPOLIS, IN 46204

---

**Current principal(s) and address(es)****PRESIDENT**

HERBERT T CASKEY MD  
401 E CITY AVE  
STE 820  
BALA CYNWYD, PA 19004

**SECRETARY**

HERBERT T CASKEY MD  
401 E CITY AVE  
STE 820  
BALA CYNWYD, PA 19004



**NOTICE OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT (ALL ENTITIES)**

State Form 26278 (R9 / 4-12)

RECEIVED  
IND. SECRETARY OF STATE

JUN 03 2013

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington Street, Room E018  
Indianapolis, Indiana 46204  
Telephone: (317) 232-6578

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Please TYPE or PRINT.  
Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

Indiana Code 23-1-24-2 (for profit corporation)  
Indiana Code 23-17-6-2 (non-profit corporation)

NO FILING FEE

Name of entity <b>See Attached List</b>	Date of incorporation / organization / admission (month, day, year)
Current registered office address (number and street, city, state, and ZIP code) <b>251 E. Ohio Street, Suite 1100, Indianapolis, IN 46204</b>	
New registered office address (number and street, city, state, and ZIP code) <b>150 West Market Street, Suite 800, Indianapolis, IN 46204</b>	

APPROVED  
AND  
FILED

Current registered agent (type or print name) <b>C T Corporation System</b>	<i>Connie Lawson</i> IND. SECRETARY OF STATE
New registered agent (type or print name)	

**STATEMENTS BY REGISTERED AGENT OR ENTITY**

This statement is a representation that the new registered agent has consented to the appointment as registered agent, or statement attached signed by registered agent giving consent to act as the new registered agent.

After the change or changes are made, the street address of this corporation's registered agent and the address of its registered office will be identical.

The registered agent filing this statement of change of the registered agent's business street address has notified the represented corporation in writing of the change, and the notification was manually signed or signed in facsimile.

IN WITNESS WHEREOF, the undersigned executes this notice and verifies, subject to the penalties of perjury, that the statements contained herein are true, this 29th day of May, 20 13.

Signature <i>Kenneth M. ...</i>	Title Vice President
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