



Office of the Secretary of State
Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697
(Form 503)

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**ASSUMED NAME CERTIFICATE
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

The Center for Behavioral Health, Inc.

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

The Center for Psychological Services Foundation, Inc.

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS**

4. The period, not to exceed 10 years, during which the assumed name will be used is : **10 year(s)**

5. The entity is a : **Domestic Nonprofit Corporation**

6. The entity's principal office address is:

6043 West Interstate 20, Arlington, TX, USA 76017

7. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

ALL COUNTIES

8. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

The Center for Psychological Services Foundation, Inc.

Name of the entity

By: **Angela Mitchell**

Signature of officer, general partner, manager,
representative or attorney-in-fact of the entity

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