

MARY LOUISE GARCIA

COUNTY CLERK



200 Taylor St., Suite 301

Fort Worth, TX 76102

PHONE (817) 884-1550

Certificate of Assumed Name

File # A213001499

I, MARY LOUISE GARCIA, County Clerk of the County of TARRANT COUNTY, do hereby certify that

HEALTHY TARRANT COUNTY COLLABORATION

has filed in the office of the County Clerk on the **01/31/2013** a certificate setting forth the name of

FORT WORTH ADOLESCENT AND YOUNG ADULT ONCOLOGY COALITION

6713 BRANTS LANE, FORT WORTH TX 76116

under which business is to be conducted or transacted, together with the true full name of each person conducting such business:

Name(s):

HEALTHY TARRANT COUNTY COLLABORATION

Witness my hand and seal of office, this the

JAN 31 2013

MARY LOUISE GARCIA

County Clerk of TARRANT COUNTY, TX

BY

A handwritten signature in cursive script, appearing to read "Mary Louise Garcia", written over a horizontal line.

, Deputy

(Seal)



**ASSUMED NAME CERTIFICATE
FOR AN INCORPORATED BUSINESS OR PROFESSION**

NOTICE: "CERTIFICATES" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE.
(Chapter 36, Title 4 Business and Commerce Code)

This certificate properly executed is to be filed immediately with the County Clerk

(PRINT OR TYPE)

NAME UNDER WHICH BUSINESS OR PROFESSIONAL SERVICES IS OR WILL BE CONDUCTED

(FNUAY10C) Fort Worth Adolescent and Young Adult Health Care Collaboration

Address: PO Box 477332 6713 Brent Ln S

City: Fort Worth State: Texas Zip Code: 761477876

1. The name of the incorporated business or profession as stated in its Articles or Incorporation or comparable document is:

And the charter number or certificate of authority number, if any, is:

Healthy Tarrant County Collaboration
43-2087948

2. The state, country, or other jurisdiction under the laws of which it was incorporated is:

And the address of its registered or similar office in that jurisdiction is:

Texas, USA
511 R. J. Plaza Dr #400, Arlington, TX 76011
Jan 1, 2013 - Dec 31, 2018

3. The period, not to exceed ten years, during which the assumed name will be used is:

4. The corporation is a (check one):

☐ Business corporation ☐ Professional corporation ☐ Other type of corporation (specify):

☒ Non-Profit corporation ☐ Professional association ☐ Or other type of incorporated business, professional or other association or legal entity (specify):

5. If the corporation is required to maintain a registered office in Texas, the address of the registered office is:

and the name of its registered agent as such address is:

The address of the principal office (if not the same as the registered office) is:

6. If the corporation is not required to or does not maintain a registered office in Texas, the office address in Texas is:

And if the corporation is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is:

and the office address elsewhere is:

7. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "all" or "all except ___"):

All

8. If this instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he has been duly authorized, in writing, by his principal to execute and acknowledge this instrument.

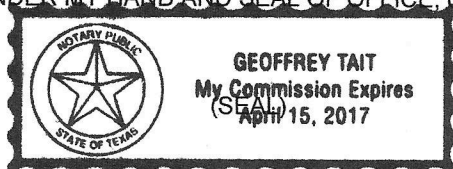
By: Linda F. Fulmer
signature of officer, representative or attorney-in-fact of the corporation

THE STATE OF TEXAS

COUNTY OF TARRANT

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared LINDA FULMER
Known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and under oath, acknowledged to me that they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on January 31, 2013 in Tarrant County, Texas



Notary Public in and for Tarrant County

MARY LOUISE GARCIA, COUNTY CLERK

By _____, Deputy

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FOR AN INCORPORATED BUSINESS OR PROFESSION**

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(PRINT OR TYPE)

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(FNUAY, DOC) Fort Worth Adolescent and Young Adult Health Care, LLC

Address: _____

City: Fort Worth

State: Texas

Zip Code: _____

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And the charter number or certificate of authority number, if any, is:

*Healthy Tarrant County Collaboration
43-2087948*

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☐ Professional corporation

☐ Other type of corporation (specify): _____

☒ Non-Profit corporation

☐ Professional association

☐ Or other type of incorporated business, professional or other association or legal entity (specify): _____

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By: Linda F. Fulmer

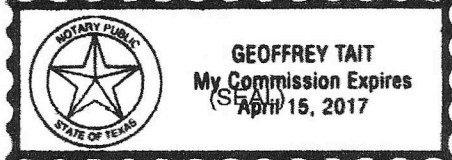
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THE STATE OF TEXAS

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Notary Public in and for Tarrant County

MARY LOUISE GARCIA, COUNTY CLERK

By _____, Deputy



MARY LOUISE GARCIA
COUNTY CLERK, TARRANT COUNTY
200 TAYLOR ST., STE 301
FORT WORTH, TX 76196

Receipt Time: 01/31/2013 04:35:33 PM

Receipt #: 2207872

Issued To: FORT WORTH ADOLESCENT AND YOUNG ADULT
ONCOLOGY COA

Documents

#	Type	# Pages	Quantity	Reference #	Amount
1	New Filing	1	1	A213001499	\$20.00
Total :					\$20.00

Payments

#	Type	Payment #	Amount
1	CASH		\$20.00
Total Payments:			\$20.00

THANK YOU