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EMORY C. TEEL, III
ATTORNEY AT LAW

TRIAL PRACTICE
GENERAL PRACTICE

MEMBER GEORGIA
& FLORIDA BAR

805 VIRGINIA AVENUE
SUITE 21
POST OFFICE BOX 1750
FORT PIERCE, FL
34954

14071 465-8400

October 23, 1996

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314-6327


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****122.50 ****122.50

RE: Center for Recovery

Dear Sir:

Enclosed please find the original and one copy of the proposed articles of incorporation for the above non-profit entity. Also enclosed is my check in the amount of \$122.50 for filing fees, designation of registered agent, and for a certified copy of the articles. Please certify the enclosed copy and return it to me in the postage prepaid envelope provided herewith for that purpose. Thank you.

Yours truly,


Emory C. Teel, III

ECT:sab

Enclosures

~~502.~~

~~1096 24662~~

Dmc
11/26/96

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96 NOV 25 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EMORY C. TEEL, III
ATTORNEY AT LAW

TRIAL PRACTICE
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MEMBER GEORGIA
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805 VIRGINIA AVENUE
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FORT PIERCE, FL
34934

(407) 465-8400

November 22, 1996

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314-6327
Attn: Claretha Golden
Document Specialist

RE: Center for Recovery for Substance Abuse, Inc.
Reference #: W96000024662

Dear Ms. Golden:

Enclosed please find the original and one copy of the revised proposed articles of incorporation for the above non-profit entity. Also enclosed is a copy of your letter dated 11-20-96 wherein you informed me that the name originally submitted was already taken. Since my check had not been returned with said letter, I assume that this amount has already been credited for this corporation. Please certify the enclosed copy and return it to me. Thank you.

Yours truly,



Emory C. Teel, III

ECT:sab

Enclosures



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 20, 1996

EMORY C. TEEL, III, ESQUIRE
POST OFFICE BOX 1750
FORT PIERCE, FL 34954

SUBJECT: CENTER FOR RECOVERY, INC.
Ref. Number: W96000024662

We have received your document for CENTER FOR RECOVERY, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 296A00052872

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation pursuant to chapter 617, Florida Statutes, adopts the following Articles of Incorporation:

ARTICLE I: NAME

The name of the corporation shall be:

CENTER FOR RECOVERY FOR SUBSTANCE ABUSE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II: PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business of this corporation shall be:

1025 Orange Avenue
Fort Pierce, Florida 34950

The mailing address of this corporation shall be:

Post Office Box 2256
Fort Pierce, Florida 34954

ARTICLE III: PURPOSE

The specific purpose for which the corporation is organized is:

a. To promote, foster and teach social and psychological principles and techniques and to counsel with patients to establish emotional and social adjustment and to extend vocational and rehabilitational guidance of patients suffering from social and emotional and/or psychological disorders;

b. To encourage and engage in counseling of personality adjustments;

c. To study, research, evaluate and counsel psychological factors contributing to social and emotional maladjustments;

d. To cooperate with local, state and labor organizations engaged in the field of mental health, social adjustment, vocational and rehabilitational guidance and counseling; and

e. To operate and maintain clinics to carry out the foregoing.

ARTICLE IV: MANNER OF ELECTION OF DIRECTORS

Directors are to be appointed by the Executive Director.

ARTICLE V: LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

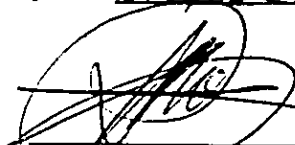
EMORY C. TEEL, III, ESQUIRE
805 Virginia Avenue, #21
Fort Pierce, Florida 34982

ARTICLE VII: INCORPORATORS

The name and the street address of the incorporator for these articles of incorporation is:

WAYNE SKINNER
1025 Orange Avenue
Fort Pierce, Florida 34950

The undersigned incorporator has executed these Articles of Incorporation this 14 day of October, 1996.



WAYNE SKINNER

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Agent/Registered Office, in the State of Florida.

1. The name of the corporation is:

CENTER FOR RECOVERY FOR SUBSTANCE ABUSE, INC.

2. The name and address of the registered agent and office is:

EMORY C. TEEL, III, ESQUIRE
805 Virginia Avenue, #21
Fort Pierce, Florida 34982

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATE

11/22/96

EMORY C. TEEL, III

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TALLAHASSEE, FLORIDA