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January 30, 1995

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

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Re: AMERICAN DAY TREATMENT CENTERS, INC. OF
BROWARD COUNTY (DE)
ORDER#: 243601

Counsel: Piper & Marbury
Attn: Jennifer White
1200 19th Street, N.W.
Washington, D.C. 20036

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Washington, D.C. 20036
*****70.00 *****70.00

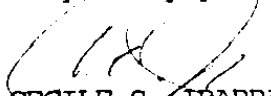
Gentlemen:

As requested by counsel, we enclose for filing Certificate of Authority on behalf of this corporation, together with funds in payment of the required fees. This document should be filed as soon as possible.

Evidence of the filing should be returned to this office (self-addressed, stamped envelope is attached).

If you have any questions or if for any reason the filing cannot be effected promptly, please notify this office of the details by calling our toll-free number: 1-800-336-3376.

Very truly yours,


CECILE S. IBARRA
Technical Specialist

/csi

Enclosures

VIA REGULAR MAIL

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AMERICAN DAY TREATMENT CENTERS, INC. OF BROWARD COUNTY
(Name of corporation; the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware
(State or country under the law of which it is incorporated)

3. November 28, 1994
(Date of Incorporation)

4. Perpetual
(Duration)

5. 52-1905776
(Federal Employer Identification number, if applicable)

6. Upon receipt of Certificate of Authority.
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 2661 Riva Road, Suite 1020, Annapolis, MD 21401
(Current mailing address)

8. Operating Psychiatric Treatment Center
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

A. Directors:

Chairman: James K. Don
Address: 2661 Riva Road, Suite 1020
Annapolis, MD 21401

Vice Chairman: Mark O. Johnson
Address: 2661 Riva Road, Suite 1020
Annapolis, MD 21401

Director: James D. Harris
Address: 2661 Riva Road, Suite 1020
Annapolis, MD 21401

Director: _____
Address: _____

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B. Officers:

President: James K. Don
Address: 2661 Riva Road, Suite 1020
Annapolis, MD 21401

Vice President: Mark O. Johnson
Address: 2661 Riva Road, Suite 1020
Annapolis, MD 21401

Secretary: Mark O. Johnson
Address: 2661 Riva Road, Suite 1020
Annapolis, MD 21401

Treasurer: James D. Harris
Address: 2661 Riva Road, Suite 1020
Annapolis, MD 21401

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T CORPORATION SYSTEM
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
Zip Code

11. Registered agent's acceptance:

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

Registered agent's signature:

Kevin J. Gallagher
C T CORPORATION SYSTEM
(Officer)
KEVIN J. GALLAGHER, Asst. Vice President
(Type Name and Title of Officer)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. James D. Harris
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. JAMES D. HARRIS, TREASURER
(Name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN DAY TREATMENT CENTERS, INC. OF BROWARD COUNTY" 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 TENTH DAY OF JANUARY, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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DIVISION OF REVENUE
STAFFED - 3 / 11/95



Edward J. Freel
Edward J. Freel, Secretary of State

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