## N0200006356

## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

600007231426--7 -08/20/02--01068--002 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: BROTHERS, SISTERS & ADULTS HEALTH, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75

Filing Fee & Certificate

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Daytime Telephone number

D. WHITE AUG 2 1 2002

## ARTICLES OF INCORPORATION

FILED 02 AUG 20 PM 2: 44

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

BROTHERS, SISTERS & ADULTS HEALTH, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PRINCIPAL: 3575 Dr. MLK Boulevard, Ft. Myers, FL 33916

MAILING: 1741 Coral Point Drive, Cape Coral, FL 33990

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

ASSESMENT, EVALUATION & TEACHING CHILDREN & ADULTS MEDICAL NEEDS

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

APPOINTED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Cynthia D. Rue 1741 Coral Point Drive Cape Coral, FL 33990

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Cynthia D. Rue

1741 Coral Point Dr

Cape Cogal, FL 33990

Signature/Incorporator

8/14/02

Date

(An additional article must be added if an effective date is requested.)

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.

Cynthia D Rue
Signature/Registered Agent

8/16/02

Date