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FLORIDA NON-PROFIT CORPORATION

Northwood Healthcare Foundation, Inc.

Certificate of Status	0
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Page Count	03
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FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 18, 2002

WATTERSON HYLAND & KLETT

SUBJECT: NORTHEWOOD HEALTHCARE FOUNDATION, INC.
REF: W02000027102

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

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Becky McKnight
Document Specialist
New Filing Section

FAX Aud. #: H02000199425
Letter Number: 402A00053089

Fax Audit No.:

**ARTICLES OF INCORPORATION
OF
NORTHWOOD HEALTHCARE FOUNDATION, INC.**

In compliance with the requirements of F.S. Chapter 617, the undersigned, being a natural person, does hereby act as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a corporation not for profit.

ARTICLE I: NAME

The name of the corporation (the "Corporation") is:

NORTHWOOD HEALTHCARE FOUNDATION, INC.

ARTICLE II: PRINCIPAL OFFICE

The street address and mailing address of the Corporation is:

5600 North Flagler Drive, Unit 504
West Palm Beach, Florida 33407

ARTICLE III: PURPOSES

The Corporation is organized exclusively for charitable, educational or scientific purposes within the meaning of Code Section 501(c) (3), including, but not limited to, advancing the education, welfare and values of persons either progressing out of drug or alcohol dependency, in need of housing and training, or otherwise seeking to become self-sufficient and re-integrated into society; providing skills or training to such persons; and promoting community responsibility and civic involvement to lessen community deterioration, criminal activity and demand upon public resources. This initial purpose does not preclude the Corporation from engaging in other activities in furtherance of its above-stated purposes.

ARTICLE IV: REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Cortlandt Snow
5600 North Flagler Drive, Unit 504
West Palm Beach, FL 33407

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ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is:

Cortlandt Snow
5600 North Flagler Drive, Unit 504
West Palm Beach, FL 33407

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The names and addresses of the initial Board of Directors of the Corporation are: Peter M. Fischer, 129 Newbridge Road, Hicksville, NY 11801; Cortlandt Snow, 5600 North Flagler Drive, Unit 504, West Palm Beach, FL 33407; Harold Wilson, IV, 3135 Kingswood Terrace, Boca Raton, FL. The Board of Directors shall be appointed or elected in the manner and method as set forth in the Bylaws of the Corporation.

ARTICLE VII: INDEMNIFICATION

The corporation shall indemnify its directors, officers, employees, and agents to the fullest extent permitted by law.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 20th day of September, 2002.

By: 

CORTLANDT SNOW

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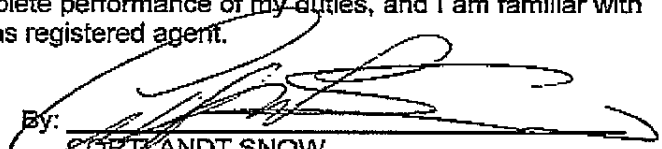
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT REGISTERED OFFICE**

Pursuant to the provisions of Section 617.0501, Florida Statutes, NORTHWOOD HEALTHCARE FOUNDATION, INC., a Florida non-profit Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: NORTHWOOD HEALTHCARE FOUNDATION, INC.
2. The name and street address of the registered agent and office is: Cortlandt Snow, 5600 North Flagler Drive, Unit 504, West Palm Beach, FL 33407

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.

By: 
CORTLANDT SNOW

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