

**N02000009613**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
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02 DEC 13 PM 3:53  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA NON-PROFIT CORPORATION**  
**AMERICAN THERAPEUTIC CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

December 10, 2002

FAS-T

SUBJECT: AMERICAN THERAPEUTIC CORPORATION  
REF: W02000034655

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation or limited liability company. The name of a voluntarily dissolved Florida corporation or limited liability company is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved entity provides the Department of State with a notarized affidavit, stating they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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Neysa Culligan  
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FAX Aud. #: H0200025485  
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## AFFIDAVIT

THIS INSTRUMENT HEREBY ACKNOWLEDGES that the undersigned, Marianella Valera, ("affiant"), officer of corporation American Therapeutic Corporation document number P00000056143 residing at 1801-03 NE 2nd Ave, Miami, FL 33132. and does hereby swear and affirm that the following is true and accurate, to the best of (his/her) knowledge, under penalty of perjury:

I Marianella Valera president of American Therapeutic Corporation attest that we have no intention of revoking the voluntary dissolution enclosed

Signed to this 12 day of December, 200 2.

  
SIGNATURE OF AFFIANT

MARIANELLA VALERA  
PRINT NAME OF AFFIANT

1801-03 NE 2nd Ave, Miami, FL 33132.  
(ADDRESS OF AFFIANT)

  
Notary Public - State of Florida

My Commission Expires:



## ARTICLES OF INCORPORATION

*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:*

### ARTICLE I NAME

The name of the corporation shall be: **AMERICAN THERAPEUTIC CORPORATION**

### ARTICLE II PRINCIPAL OFFICE

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

**1801-03 NE 2nd Ave, Miami, Fl 33132.**

### ARTICLE III PURPOSE(S)

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

**To provide professional comprehensive service delivery to adults children and adolescents with mental health needs ect.**

### ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

**The manner of election will be stated in the minutes & bylaws of the corporation.**

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS


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

**MARIANELLA VALERA  
1801-03 NE 2nd Ave, Miami, Fl 33132.**

### ARTICLE VI INCORPORATOR

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

**Marianella Valera  
1801-03 NE 2nd Ave, Miami, Fl 33132.**



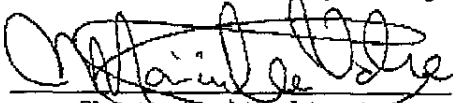
Signature Incorporator

12-3-02

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.*



Signature Registered Agent

12-3-02

Date

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