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TRANSMITTAL LETTER

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SEUNE TARY OF STATE TALLAHASSEE FLORIDA

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

SUBJECT: TOTALCARE COMMUNITY MENTAL HEALTH CENTER INC.,

Ref. Number: W03000003070

Enclosed are:

(a) an original and two (2) copies of the articles of incorporation for Filing & Certified Copy.

(b) copy of letter dated February 3, 2003 from Division of Corporations.

FROM:

Diana Wright

5649 N.W. 106th Way Coral springs, FL 33076 Tel: (954) 755-5943



RECEIVED
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FLORIDA DEPARTMENT OF STATE ARY OF STATE Ken Detzner
Secretary of State

February 3, 2003

DIANA WRIGHT 5649 NW 106TH WAY CORAL SPRINGS, FL 33076

SUBJECT: TOTALCARE COMMUNITY MENTAL HEALTH CENTER INC.

Ref. Number: W03000003070

We have received your document for TOTALCARE COMMUNITY MENTAL HEALTH CENTER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

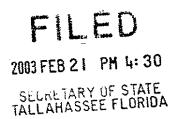
Claretha Golden Document Specialist New Filings Section

Letter Number: 703A00007055

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ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)



ARTICLE I NAME

The name of the corporation shall be:

TOTALCARE COMMUNITY MENTAL HEALTH CENTER, INC.,

ARTICLE II PRINCIPAL OFFICE

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

5649 N.W. 106th Way Coral Springs, Florida 33076

ARTICLE III PURPOSE

The corporation is organized exclusively to provide services to meet the statutory definition of a Community Mental Health Center. Specialized outpatient services for children, the elderly, and individuals that are chronically mentally ill. Partial hospitalization services, family counseling, patient training and education to the extent that training and educational activities are related to the individual's care and treatment of his/her diagnosed psychiatric condition. The programs will also address homelessness, hunger, the needs of at-risk children, substance abuse and other intensive rehabilitation services.

ARTICLE IV MANNER OF ELECTION

The method of election of directors is as stated in the bylaws.

<u>ARTICLE V INITIAL DIRECTORS/OFFICERS</u>

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Diana Wright 5649 N.W. 106th Way Coral Springs, Florida 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Diana Wright 5649 N.W. 106th Way Coral Springs, Florida 33076 FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Diana Wright

Signature/Incorporator

Diana Wright

2/17/2003

2/17/2003