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Division of Corporations

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To: Division of Corporations
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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

FLORIDA NON-PROFIT CORPORATION

North Florida Behavioral Health Network, Inc.

Certificate of Status	0
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**ARTICLES OF INCORPORATION OF
NORTH FLORIDA BEHAVIORAL HEALTH NETWORK, INC.**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, acting as incorporator of a Florida corporation under the Florida Business Corporation Act, Chapter 617 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such Corporation:

ARTICLE I
NAME

The name of the Corporation is "North Florida Behavioral Health Network, Inc."

ARTICLE II
PRINCIPAL OFFICE AND MAILING ADDRESS

The address of the Corporation's principal office and its mailing address is 2634-J Capital Circle NE, Tallahassee, Florida 32308.

ARTICLE III
PURPOSE

The Corporation is organized for the purpose of providing, directly or indirectly, and not for pecuniary profit, behavioral health services, and to carry on any activities conducive to such purpose.

ARTICLE IV
BOARD OF DIRECTORS

The affairs of the Corporation shall be managed by its Board of Directors, which shall consist of not less than three (3) individuals, each of which shall be at least 18 years of age. The number of Directors may be changed from time to time as provided in the Bylaws of the Corporation. The initial Directors shall be appointed by the Incorporator, and thereafter the Directors shall be appointed or elected in accordance with the Bylaws of the Corporation.

ARTICLE V
INITIAL REGISTERED AGENT AND OFFICE

The name of the initial registered agent of the Corporation and the street address of the initial registered office of the Corporation are as follows:

Ronald P. Kirkland
2634-J Capital Circle NE
Tallahassee, Florida 32308

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ARTICLE VI
INCORPORATOR

The name and address of the person signing these Articles as Incorporator are:

Paul R. Lynch
101 E. Kennedy Blvd., Suite 2800
Tampa, FL 33602

ARTICLE VII
INDEMNIFICATION

The Corporation shall indemnify any person who is or was a Director of the Corporation or was serving at the request of the Corporation as a Director, Officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, to the fullest extent permitted by law.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 20th day of September, 2004.



Paul R. Lynch
Incorporator

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CERTIFICATE OF DESIGNATION SECRETARY OF STATE
REGISTERED AGENT/REGISTERED OFFICE TALLAHASSEE FLORIDA

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned 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 North Florida Behavioral Health Network, Inc.
2. The name and address of the registered agent and office are:

Ronald P. Kirkland
2634-J Capital Circle NE
Tallahassee, Florida 32308

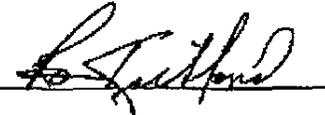
SIGNATURE 

Paul R. Lynch

TITLE: Incorporator

DATE: September 20, 2004

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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

Ronald P. Kirkland

DATE: September 29, 2004

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