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(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(240)		,,,,		
(Doc	ument Number)			
Certified Copies	Certificates	s of Status		
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Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
FALLAHASSER FLORID

EFFECTIVE DATE 1/1/1/

MR3/10

COVER LETTER

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

SUBJECT: The Community Mental Wellness Center, P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the	articles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: <u>Karen J. Prevatt</u> Na	ame (Printed or typed)
137 South Pebble Bea	ch Blvd., Suite 102 Address
Sun City Center, FL 3	ity, State & Zip
813 634-1750 Daytim	e Telephone number
kprevatt@verizon .net E-mail address: (to be t	used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	in compliance with Chapter 607	and/or Chapter 621, F.S. (Pro	511t)
ARTICLE I		ntal Wellness Center, I	P.A. 1000
The name of the	corporation shall be:	,	1,850 - 19 ·
ARTICLE II	PRINCIPAL OFFICE		MILASTON AN
	Principal street address	Mailing	address, if different is: 7455500
	5839 Sunset Falls Drive		<u>^^{55}</u> ,\$)
	Apollo Beach, FL 33572		^{<} O _A
ARTICLE III	DIIDDOGE	r	
	which the corporation is organized is:	E	FFECTIVE DATE 1/1/10
	olth Clinical Practice		7///
	ional corporation		r
	end. Corporation.		
ARTICLE IV The number of si	SHARES hares of stock is: 1,000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	MPS	
	Title:Edmond D. Dubreuil, Director/P/		
Address:	5839 Sunset Falls Drive		
	Apollo Beach, FL 33572		
	Title:	Name and Title:	
Address:		Address:	
			
Name and	Title:	Name and Title:	
Address:			
ADTICI E IT	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Karen J. Prevatt	of the registered agent is.	
Address:	137 S. Pebble Beach Blvd , Suit	- 102	
	Sun City Center, FL 33573	C_10 2	
			
	<u>INCORPORATOR</u>		
•	ddress of the Incorporator is:	ARTICLE VIII E	FFECTIVE DATE
Name:	Edmond D. Dubreuil		
Address:	5839 Sunset Falls Drive	The Effective	Date is
	Apollo Beach, FL 33572	January 1, 20	
Having been na	med as registered agent to accept service of pro	- •	
	am familiar with and accept the appointment as		
20			
Edmen	nd () when I		12/03/2010
	Required Signature/Registered Agent		12/03/2010
	resquires organicarregistered Agent		· Date /
	cument and affirm that the facts stated herein		
document to the .	Department of State constitutes a third degree fe	lony as provided for in s.817.1	155, F.S.
,)	0. D -		
Xa	ren Structure/Incorporator		12/6/2010
-	Required Signature/Incorporator		Date