

# N98000005693

*Maricle M. Fraser*  
Requestor's Name

*2446-B Ryan Place*  
Address

*Tallahassee FL 32308*  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-10/06/98--01001--006  
\*\*\*\*122.50 \*\*\*\*\*78.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**FILED**  
98 OCT -5 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

# SPARKLES DAY TREATMENT CENTER

" A UNIQUE DAY TREATMENT COMMUNITY MENTAL HEALTH CENTER "

## AFFIDAVIT OF NAME RELEASE

I, Elizabeth C. Mitchell, Chief Executive Officer of Long Life Wellness Center, Inc. do hereby release the name of LONG LIFE WELLNESS CENTER, INC. as of this date, the 30th day of October, 1998. We have no intention of revoking the dissolution. *30th day*

*Elizabeth C. Mitchell*  
ELIZABETH C. MITCHELL

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98 OCT -5 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Fla.*  
*County of Palm Beach*  
*Janette Williams*  
NOTARY

OFFICIAL NOTARY SEAL  
JEANETTE J WILLIAMS  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC618572  
MY COMMISSION EXP. FEB. 16, 2001

WE ACCEPT PATIENTS OF ALL AGES.

9970 CENTRAL PARK BLVD. SUITE 301, BOCA RATON, FL. (561) 477-0489 FAX (561) 477-0997

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

LONG LIFE WELLNESS CENTERS, INC.

The undersigned hereby associate together for the purpose of becoming a Nonprofit Corporation under the laws of the State of Florida, in compliance with Chapter 617, F.S., providing for the formation, liability, rights, privileges, and immunities of a corporation not for profit.

ARTICLE ONE

The name of this corporation shall be: LONG LIFE WELLNESS CENTERS, INC.

ARTICLE TWO

The principal place of business/mailing address is:

LONG LIFE WELLNESS CENTERS, INC.  
9970 Central Park Boulevard, Suite 301  
Boca Raton, Florida 33428

ARTICLE THREE

This corporation shall commence its existence on the date that the charter is issued by the Department of State, of the State of Florida, and is to have perpetual existence.

#### ARTICLE FOUR

The main purpose for which this corporation is organized as a Community Mental Health Clinic with a partial hospitalization program, is to provide out patient and in patient services, rendering mental health therapy for children, adults, the elderly and any other individuals who are seriously mentally ill.

#### ARTICLE FIVE

The manner in which the directors are elected or appointed will be done in accordance with the By-Laws of the Corporation.

#### ARTICLE SIX

The name and address of the initial Registered Agent of the corporation is:

MARIELA M. FRASER  
2446-B Ryan Place  
Tallahassee, Fl 32308

#### ARTICLE SEVEN

The number of Directors may be either increased or decreased from time to time by the by-laws, but shall never be less than three.

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ARTICLE EIGHT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name and address of the initial incorporator is:

MARIELA M. FRASER  
2446-B Ryan Place  
Tallahassee, Fl 32308

THE UNDERSIGNED, being the original incorporator hereinabove named for the purpose of forming a corporation not for profit to do business, both within and without the State of Florida, do hereby make, subscribe, acknowledge, and file these Articles of Incorporation, hereby declaring and certifying that the facts stated herein are true.

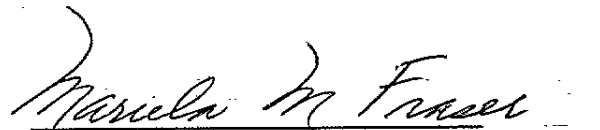
  
MARIELA M. FRASER 10-5-98

DESIGNATIONS OF REGISTERED AGENT

Long Life Wellness Centers, Inc., pursuant to this Articles of Incorporation filed of even date herewith, and in accordance to Florida Statutes hereby designate Mariela M. Fraser as its Registered Agent upon whom process may be served at 2446-B Ryan Place, Tallahassee, Florida 32308.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above named Corporation, at the place designated in this certificate, the undersigned agrees to act in this capacity, and agrees to comply with the provisions of Florida laws relative to keeping the designated office open.

  
MARIELA M. FRASER  
REGISTERED AGENT 10-5-98