

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

900002926399--4

-07/08/99-01062--007

\*\*\*\*\*113.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. ADVANCED NORTHERN ADDICTS REHABILITATION  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. OFFICERS + DIRECTORS SAME PER LAZARUS  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

99 JUL -8 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

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

Examiner's Initials

July 06,1999

To: Fla Department of State

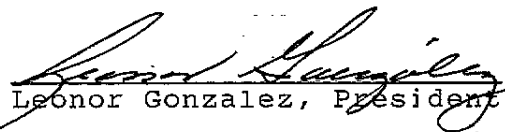
From: Advanced Mental Addiction Rehabilitation Center Inc  
100 Beacom Blvd.  
Miami, Fl 33135

Dear Sir or Madam:

Please be advised that Advanced Mental Addiction Rehabilitation Center a corporation filed on May 19,1999 has no intention of revoking the dissolution of the above corporation.

If further information is needed, please do not hesitate to contact me, at (305) 541-3373

Sincerely,

  
Leonor Gonzalez, President

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**

**FOR**

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be:

ADVANCED MENTAL ADDICTION REHABILITATION CENTER Inc

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

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

100 Beacom Boulevard  
Miami, Florida 33135

**ARTICLE III PURPOSE(S)**

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

Mental Health and Substance Abuse Treatment

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

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

By minutes and by Law

Leonor Gonzalez President-D  
Ruben Corteguera Vice-President-D  
Juan I. Gonzalez Secretary-D

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TALLAHASSEE FLORIDA

**ARTICLE V. LIMITATION OF CORPORATE POWERS**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

**ARTICLE VI. INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Leonor Gonzalez 100 Beacom Blvd Miami, Fl 33135

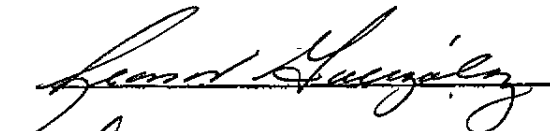
**ARTICLE VII. INCORPORATORS**

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

Leonor Gonzalez	100 Beacom Blvd Miami, Fl 33135	PRESIDENT
Ruben Corteguera	100 Beacom Blvd Miami, Fl 33135	VICE-PRESIDENT
Juan I. Gonzalez	100 Beacom Blvd Miami, Fl 33135	SECRETARY

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
07 day of July, 1999.

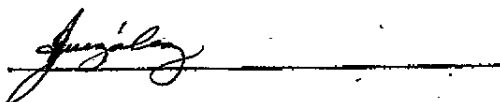
Signature(s) of the Incorporator(s)



Leonor Gonzalez  
Typed name of incorporator signing



Ruben Corteguera  
Typed name of incorporator signing



Juan I. Gonzalez  
Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

ADVANCED MENTAL ADDICTION REHABILITATION CENTER INC

2. The name and address of the registered agent and office is:

LEONOR GONZALEZ  
100 Beacom Blvd  
Miami, Fl 33135

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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE: 07-07-1999

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