

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PO00000027596

Barton Lake Healthcare, Inc.

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*****78.75 *****78.75

<input checked="" type="checkbox"/>	Art of Inc. File	<u>Cert.</u>
<input type="checkbox"/>	LTD Partnership File	
<input type="checkbox"/>	Foreign Corp. File	
<input type="checkbox"/>	L.C. File	
<input type="checkbox"/>	Fictitious Name File	
<input type="checkbox"/>	Trade/Service Mark	
<input type="checkbox"/>	Merger File	
<input type="checkbox"/>	Art. of Amend. File	
<input type="checkbox"/>	RA Resignation	
<input type="checkbox"/>	Dissolution / Withdrawal	
<input type="checkbox"/>	Annual Report / Reinstatement	
<input checked="" type="checkbox"/>	Cert. Copy	
<input type="checkbox"/>	Photo Copy	
<input type="checkbox"/>	Certificate of Good Standing	
<input type="checkbox"/>	Certificate of Status	
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<input type="checkbox"/>	Corp Record Search	
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<input type="checkbox"/>	Fictitious Search	
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<input type="checkbox"/>	Vehicle Search	
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<input type="checkbox"/>	UCC 1 or 3 File	
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<input type="checkbox"/>	UCC 11 Retrieval	
<input type="checkbox"/>	Courier	

FILED
00 MAR 17 AM 9:47
TALLAHASSEE, FLORIDA
SECRETED

RECEIVED
00 MAR 13 AM 10:39
DEPT. OF CORP. STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: LM 3/13 9:49
Name Date Time

Walk-In _____ Will Pick Up _____

6645
W
MAR 20 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 13, 2000

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE, FL 32302

SUBJECT: BARTON LAKE HEALTHCARE CENTER, INC.
Ref. Number: W00000006645

We have received your document for BARTON LAKE HEALTHCARE 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):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 487-6927.

Tracy Smith
Document Specialist

Letter Number: 500A00013767

Corrected

RECEIVED
00 MAR 17 AM 10:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
BARTON LAKE HEALTHCARE CENTER, INC.**

THE UNDERSIGNED HEREBY MAKE, SUBSCRIBE, ACKNOWLEDGE AND FILE
THIS CERTIFICATE FOR THE PURPOSE OF BECOMING A CORPORATION UNDER
THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

NAME

The name of this corporation is ***Barton Lake Healthcare Center, Inc.***

ARTICLE II

PURPOSE

This corporation may engage in any activity or business permitted under the laws of
the United States and of the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have
outstanding at any time is ***100,000 shares of common stock of 1.00 Dollar per share
par value.***

ARTICLE IV

DURATION

This corporation shall have perpetual existence.

FILED
00 JUN 17 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

PRINCIPAL OFFICE AND REGISTERED AGENT

The principal office and mailing address of the corporation shall be located at **672 North Semoran Blvd., Suite 205, Orlando, Florida 32807.**

The name and street address of the initial registered agent of the corporation in the State of Florida is: **Dr. Vasco A. Rodriguez, 672 North Semoran Blvd., Suite 205, Orlando, Florida 32807.** The Board of Directors may, from time to time, appoint a substitute registered agent and move the registered office or the principal office, or both, to any other address in the State of Florida.

ARTICLE VI

INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) or more director(s) as provided by the By-Laws. This corporation shall have the following initial directors:

NAME	ADDRESS
Dr. Vasco A. Rodriguez	672 N. Semoran Blvd., Suite 205 Orlando, Florida 32807
Flerida Calzada	1725 Peregrine Falcon Way, #101 Orlando, Florida 32837

ARTICLE VII

INCORPORATORS

The name and address of the incorporator of this corporation is:

NAME	ADDRESS
Dr. Vasco A. Rodriguez	672 N. Semoran Blvd., Suite 205 Orlando, Florida 32807

ARTICLE VIII
INDEMNIFICATION

The corporation shall indemnify all directors and officers, whether or not then in office, who are or become a party, or are threatened to be made a party, to any threatened, pending or completed action, suit or proceedings, whether civil, criminal, administrative or investigative by reason of the fact that such person is or was a director or officer, or is or was serving at the request of the corporation as an officer or director against expenses (including attorneys' fees, including hourly charges for paralegals and other staff members operating under the supervision of an attorney, whether at trial or appeal), judgments, fines and amounts paid in settlement actually and reasonably incurred by such person in connection with such action, suit or proceeding, including any appeal thereof to the fullest extent permitted by law.

ARTICLE IX

BY-LAWS

The initial By-Laws shall be adopted by the Board of Directors. The power to alter, amend or repeal the By-Laws or adopt new By-Laws is vested in the Board of Directors, subject to repeal or change by action of the shareholders.

ARTICLE X

AMENDMENT

The right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, is reserved to the Board of Directors and the

Shareholders as specified under the laws of Florida.

IN WITNESS WHEREOF, these Articles of Incorporation have been signed, as
Incorporator, by: **Dr. Vasco A. Rodriguez**

Dated this 29th day of February, 2000.


Dr. Vasco A. Rodriguez

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 29th day of February,
2000 by **Dr. Vasco A. Rodriguez**, who is personally known to me or who has produced
_____ as identification.

Dana R. Roque
Printed Name:
Notary Public
My Commission Expires:
Serial Number:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.09I, Florida Statutes, the following is submitted, in compliance with said Act:

First -- That **BARTON LAKE HEALTHCARE CENTER, INC.**, desiring to organize under the laws of the State of Florida with its principal place of business in Hillsborough County, Florida, has named **Dr. Vasco A. Rodriguez**, located at **672 North Semoran Blvd., Suite 205, Orlando, Florida 32807**, as its agent to accept service of process within this state.


Dr. Vasco A. Rodriguez
Incorporator

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.


Dr. Vasco A. Rodriguez
Registered Agent

FILED
00 MAR 17 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA