

PO1000018993



ACCOUNT NO. : 072100000032

REFERENCE : 029194 82876A

AUTHORIZATION :

COST LIMIT : \$ 70.00

FILED
2001 FEB 20 PM 5:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ORDER DATE : February 20, 2001

ORDER TIME : 4:03 PM

ORDER NO. : 029194-005

CUSTOMER NO: 82876A

CUSTOMER: Raul De La Campa, Cpa
Raul De La Campa, Cpa, Pa

Suite 51-430
444 Brickell Avenue
Miami, FL 33131

400003744584--4

DOMESTIC FILING

NAME: ALTERNATIVE TREATMENT CENTER,
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

FILED
2001 FEB 23 PM 4:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA
J2/21/01

FILED

2001 FEB 20 PM 5:05

ARTICLES OF INCORPORATION

OF

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ALTERNATIVE TREATMENT CENTER, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALTERNATIVE TREATMENT CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

11440 No. Kendall Drive Ste. 308
Miami, FL 33173

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

2,000 shares no par value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MAGDA LAVIN
11440 No. Kendall Dr.
Ste. 308
Miami, FL 33173

ARTICLE V INCORPORATOR(S)

The name _____ and street address _____ of the incorporator(s) to these Articles of Incorporation is/are:

Magda L. Lavin
11440 No. Kendall Drive
Ste. 308
Miami, FL 33173

The undersigned I has executed these Articles of incorporation this

31st day of January, 2001

President

Signature/Title

Signature/Title
Magda L. Lavin
 Signature/Title

Signature/Title

Signature/Title

FILED

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

2001 FEB 20 PM 5:05

SECRETARY OF STATE
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: ALTERNATIVE TREATMENT CENTER, INC.

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

MAGDA L. LAVIN

(NAME)

11440 NW Kendall Drive. Ste. 308

(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33173

(CITY/STATE/ZIP)

SIGNATURE

Magda L. Lavin
(corporate officer)

TITLE President

DATE

2/2/01

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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Magda L. Lavin

DATE

2/2/01

REGISTERED AGENT FILING FEE: \$35.00