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Division of Corporations

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Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : BLANK, ROME, COMISKY & MCCAULEY

Account Number : I20010000051 Phone : (561)417-8100 Fax Number : (561)417-8101

FLORIDA PROFIT CORPORATION OR P.A.

AA THERAPY CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01(5)
Estimated Charge	\$78.75

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SECREJARY OF STATE
TALLAHASSEE, FLORION

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ARTICLES OF INCORPORATION

OF

AA THERAPY CENTER, INC.

The undersigned files these Articles of Incorporation for the purpose of forming a Corporation under and pursuant to the laws of the State of Florida providing for the formation, liability, privileges, rights and immunities of a corporation for profit, and does hereby organize the Corporation with the name set forth below and adopts the following Articles of Incorporation.

ARTICLE I

The name of the Corporation is AA THERAPY CENTER, INC. (the "Corporation").

ARTICLE II

The period of duration of the Corporation is perpetual.

ARTICLE III

The purpose for which the Corporation is organized is the transaction of any or all lawful business under the Florida General Corporation Act.

ARTICLE IV

The aggregate number of all classes of stock which the Corporation has authority to issue is 100 shares, no par value.

ARTICLE V

No shareholder shall have any preemptive right whatsoever, and cumulative voting shall not be permitted.

ARTICLE VI

The principal place of business of the Corporation shall be Palm Beach County, Florida, and its mailing address shall be:

5702 Lake Worth Rd., Suite 11 Lake Worth, Florida 33467 O1 NOV -1 PH 2: 39
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ARTICLE VII

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

Milton Kaufman 5702 Lake Worth Rd., Suite 11 Lake Worth, Florida 33467

ARTICLE VIII

The names and street addresses of the initial officers and directors, who shall hold office until the first meeting of the shareholders or until a successor shall have been elected and qualified, is as follows:

NAME

ADDRESS

Milton Kaufman

5702 Lake Worth Rd., Suite 11 Lake Worth, Florida 33467

President

The number of directors may be increased or decreased from time to time by amendment to the By-Laws of the Corporation, provided that the Corporation shall at all times have at least one director.

ARTICLE IX

The Corporation shall indemnify its directors, officers, employees, incorporator, and agents to the fullest extent permitted by law.

ARTICLE X

The names and address of the Incorporator of the Corporation is as follows:

NAME

ADDRESS

Michael S. Greene

c/o Blank Rome Comisky & McCauley LLP 1200 North Federal Highway, Suite 417

Boca Raton, Florida 33432

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of ______, 2001.

INCORPORATOR

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11/01/01 14:37 FAX 561 417 8101	LAW OFFICE		Ø 004
OCT-30-2001 11:17A FROM:LLIPSS + LIMMS	561 967 4405	TO: 4178101	₽:∄ ₩00₩
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STATE OF FLORIDA))\$\$		
COUNTY OF PALM BEACH	5		
The foregoing instrument v Michael S. Greene, who is nia as identi		is / day of November:	2001 by coduced



LAW OFFICE

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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.

- The name of the Corporation is AA THERAPY CENTER, INC. 1.
- The name and address of the registered agent and office is: 2,

Milton Kaufman

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 DUITIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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