

P0200011884  
TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

300008419883--4  
-10/17/02--01023--016  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT:** COMPREHENSIVE ADDICTIONS TREATMENT SVCS. INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** BONNIE L. RICHARDSON & ASSOCIATE  
Name (Printed or typed)

13800 S. MAGNOLIA AVENUE  
Address

OCALA, FLORIDA 34473  
City, State & Zip

(352) 875-6728  
Daytime Telephone number

FILED  
02 OCT 17 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE:** Please provide the original and one copy of the articles.

gk 10/17

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

COMPREHENSIVE ADDICTIONS TREATMENT SVCS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

730 SE OSCEOLA

OCALA, FLORIDA 34471

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COUNSELING = ADDICTIONS TREATMENT

## ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

SALLY CAMPBELL ANKER- DIRECTOR  
8019 SW 103rd ST. RD.  
OCALA, FLORIDA 34481

## ARTICLE VI REGISTERED AGENT

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

SALLY CAMPBELL ANKER  
8019 SW 103rd ST. RD.  
OCALA, FLORIDA 34481

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SALLY CAMPBELL ANKER  
8019 SW 103rd ST. RD.  
OCALA, FLORIDA 34481

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

SALLY CAMPBELL ANKER

Signature/Registered Agent

Date

SALLY CAMPBELL ANKER

Signature/Incorporator

Date

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