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CORPORATION NAME(S) & D	OCUMENT NUMBER(S) (if known):		
1. DADE TREATM	IENT CENTER, INC.		
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OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign		
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### **ARTICLES OF INCORPORATION**

# <u>FOR</u>

### DADE 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:

### DADE TREATMENT 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:

3115 W. 4<sup>th</sup> Avenue Hialeah, Florida 33012

# ARTICLE III SHARES

The number of shares of stock that this corporation is authorizes to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NORA SANZ 3115 W. 4<sup>th</sup> Avenue Hialeah, Florida 33012

# ARTICLE V INCORPORATOR

The names and street address of the incorporator to these Articles of Incorporation is:

NORA SANZ 3115 W. 4<sup>th</sup> Avenue Hialeah, Florida 33012



### **ARTICLE VI DIRECTORS**

The name and street address of the director to these Articles of Incorporation is:

NORA SANZ 3115 W. 4<sup>th</sup> Avenue Hialeah, Florida 33012

The Undersigned Incorporators have executed these Articles of Incorporation this 19th day of January, 2005.

Signature(s) of the Incorporators(s)

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mull NORA SANZ

CERTIFICATE OF DESIGNATION

### **REGISTERED AGENT/REGISTERED OFFICE**

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.

NORA SANZ

Man 100 1-20-65 DATE

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