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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SUNSHINE COMMUNITY MENTAL HEALTH  
(Corporation Name) (Document #)
2. CENTER, INC.  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
SUNSHINE COMMUNITY MENTAL HEALTH CENTER, Inc.**

The undersigned incorporator to these Articles of Incorporation hereby forms a corporation under the laws of the State of Florida.

**ARTICLE I**

**NAME**

The name of this corporation shall be:

**SUNSHINE COMMUNITY MENTAL HEALTH CENTER, Inc.**

**ARTICLE II**

**INITIAL PRINCIPAL OFFICE**

The initial street address of the principal office of this corporation in the State of Florida shall be:

**11765 SW 32<sup>nd</sup> TER  
MIAMI, FLORIDA 33175**

**ARTICLE III**

**NATURE OF BUSINESS**

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

**PSYCHOTHERAPY, PSYCHIATRIC, SUBSTANCE ABUSE TREATMENT, MENTAL HEALTH SERVICES AND ANY OTHER SERVICES RELATED TO THE HEALTH CARE FIELD.**

**ARTICLE IV**

**CAPITAL STOCK**

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TALLAHASSEE, FLORIDA

The maximum number of shares of stock this Corporation is authorized to have outstanding at one time are one thousand (1,000) shares of common stock with \$0.01 par value.

## **ARTICLE V**

### **INITIAL OFFICERS / DIRECTORS**

The names, addresses and titles of the officers are:

**NANCY SAAVEDRA, PD  
11765 SW 32<sup>nd</sup> TERRACE  
MIAMI, FLORIDA 33175**

**ENRIQUE A. GARCIA, VP  
9748 SW 154<sup>th</sup> COURT  
MIAMI, FLORIDA 33196**

**VERENA F. GARCIA, S  
9748 SW 154<sup>th</sup> COURT  
MIAMI, FLORIDA 33196**

## **ARTICLE VI**

### **INITIAL REGISTERED AGENT AND OFFICE**

The initial Registered Agent and Office of this corporation shall be:

**COSETT DOMINGUEZ  
5216 WEST 25<sup>th</sup> LANE  
HIALEAH, FLORIDA 33016**

## **ARTICLE VII**

### **INCORPORATOR**

The name and address of the person signing these Articles of Incorporation is:

**NANCY SAAVEDRA  
11765 SW 32<sup>nd</sup> TER  
MIAMI, FLORIDA 33175**

## **ARTICLE VIII**

### **SPECIAL ELECTION**

The corporation expressly elects not to be governed by either s607.0902 of the Florida Business Corporation Act, as each may be amended from time to time, relating to affiliated transactions and control share acquisitions.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 22nd day of FEBRUARY, 2005.

  
\_\_\_\_\_  
NANCY SAAVEDRA, Incorporator

STATE OF: FLORIDA

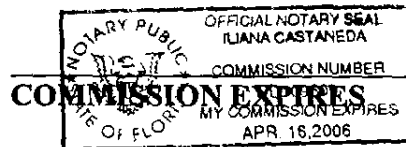
COUNTY OF: MIAMI-DADE

The foregoing instrument was acknowledged before me this 8th day of FEBRUARY, 2005, by NANCY SAAVEDRA, who is personally known to me or who has produced her/his Florida Driver's License # M-200-637-62-794-0 as identification and did (did not) take an oat.

  
\_\_\_\_\_  
SIGNATURE OF NOTARY

ILIANA CASTANEDA  
\_\_\_\_\_  
PRINT NAME OF NOTARY

SEAL



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE**

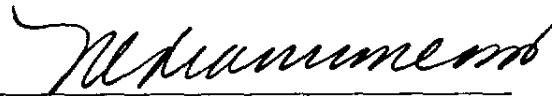
Pursuant to the provisions of Sections 48.091, 607.0501 and 607.0505, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

1. The name of the corporation is:

**SUNSHINE COMMUNITY MENTAL HEALTH CENTER, Inc.**

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

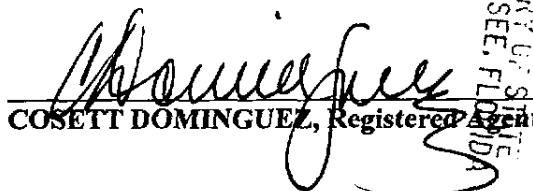
**COSETT DOMINGUEZ  
5216 WEST 25<sup>th</sup> LANE  
HIALEAH, FLORIDA 33016**



**NANCY SAAVEDRA, Incorporator**

Dated this 22nd day of FEBRUARY, 2005.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-  
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I  
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY  
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND  
COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES, AND  
OBLIGATIONS OF MY POSITION AS REGISTERED AGENT INCLUDING THOSE  
CONTAINED IN SECTION 607.0505, FLORIDA STATUTES.

  
COSETT DOMINGUEZ, Registered Agent

Date this 22nd day of FEBRUARY, 2005.

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TALLAHASSEE, FLORIDA