P05000532226

questor's Name)	
dress)	
dress)	
//State/Zip/Phone	e #)
WAIT	MAIL
siness Entity Nan	
_ Certificates	
Filing Officer:	
	dress) dress) dress) WAIT Siness Entity Nan cument Number) Certificates



700048508337

03/21/05--01035--019 **70.00

OS APR II PH 3: 26

Office Use Only

TRANSMITTAL LETTER

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

SUBJECT:	Premier Care of Florida, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
	(PROPOSED CORPORA	IE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Michael Name	C. Dempsey (Printed or typed)	
	30 S. McKinley Address		
	Union, M City,	O 63084 State & Zip	
	636-583- Daytime T	5103 elephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 28, 2005

MICHAEL C. DEMPSEY 30 S. MCKINLEY UNION, MO 63084

SUBJECT: PREMIER CARE OF FLORIDA, INC.

Ref. Number: W05000015746

maxe it Remier Behavioral tracticais, Onc.

We have received your document for PREMIER CARE OF FLORIDA, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000109937-------PREMIER CARE, INC..

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 005A00020950

Division of Comparations DO DOY 6227 Tallahassas Florida 2221

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

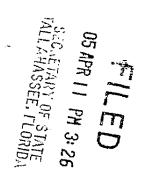
The name of the corporation shall be:

Premier Behavioral Healthcare, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1400 Military Trail, Suite 202, Delray Beach, Florida 33484



ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide assistance to people through developing, administering managing and supporting prevention in behavorial healthcare programs

ARTICLE IV SHARES

The number of shares of stock is:

25,000 with no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President, Secretary, Treasurer is Charlie Feese, PO Box 220, Sullivan MO 63080 Vice President is James Feese, PO Box 220, Sullivan, MO 63080

There is no Board of Directors

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Charlie Feese, 1400 Military Trail, Suite 202, Delray Beach, Florida 33484

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Michael C. Dempsey, 30 S. McKinley, Union, MO 63084