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Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication Other	Dissolution/Withdrawal Merger
OTHER FILINGS	-
	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership
	Reinstatement
•	Trademark Other

ARTICLES OF INCORPORATION

OIVISION OF CORPORATIONS

OF AUG -9 PM 1: 21

FOR

ADCARE MEDICAL CENTERS, INC.

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, herby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

ADCARE MEDICAL CENTERS, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

815 Ponce de Leon Boulevard Suite 304 Coral Gables, Florida 33134

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:

Ana M. Veliz, Esq. 815 Ponce De Leon Boulevard Suite 304 Coral Gables, Florida 33134

ARTICLE V INCORPORATOR

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

Ana M. Veliz, Esquire 815 Ponce de Leon Boulevard Suite 304 Coral Gables, Florida 33134

ARTICLE VI DIRECTORS

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

Ana M. Veliz 815 Ponce de Leon Boulevard Suite 304 Coral Gables, Florida 33134

The Undersigned Incorporators have executed these Articles of Incorporation this 27 day of July , 2006.

Signature(s) of the Incorporators(s)

CERTIFICATE OF DESIGNATION

ÁNA M. VEĽIZ, ESQUIRÆ

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.

ANA M. VELIZ, ESQUIRE

DATE July 27, 2006

CRETARY OF STA

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