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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

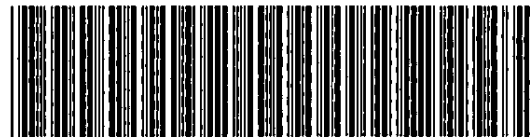
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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

## COVER LETTER

ATX1

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

**SUBJECT:** RECOVERY HEALTH SERVICE CENTER, 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:** CLIFTON H. RODRIQUEZ, CPA

Name (Printed or typed)

3146 NW 68TH STREET, SUITE NO.1

Address

FORT LAUDERDALE, FLORIDA 33309-1206

City, State & Zip

(954)557-9038

Daytime Telephone number

crodzzz@bellsouth.net

E-mail address: (to be used for future annual report notification)

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

# ARTICLES OF INCORPORATION

For

**Recovery Health Service Center, Inc.**

The undersigned subscribers(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

## Article I-Name of the Corporation

The name of the corporation shall be:

**Recovery Health Service Center, Inc.**

## Article II-Nature or Purpose of the Business

The purpose of the corporation is to engage in any lawful activity permitted by the laws of this state. The corporation will provide health care, and related mental health services to the general public in the Tri-County area, the State of Florida, and the United States. The corporation will comply with any professional regulations imposed by state agencies within the State of Florida as well.

## Article III-Principal Office

The principal business mailing address of this corporation shall be:

7100 South Military Trail  
Suite No. 7126  
Lake Worth, Florida 33463

## Article IV-Number of Shares Authorized

The number of common shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand (1000)

(The par value of the corporation common stock will be \$1.00) Serge L. Alexandre, M.D., will own 100% of the outstanding shares of the corporation.

## Article V-Initial Registered Agent

The name and address of the initial registered agent is:

Dr. Serge L. Alexandre  
7100 South Military Trail, Ste. No.7126  
Lake Worth, Florida 33463

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SECRETARY OF STATE  
DIVISION OF CORPORATE FILINGS

# ARTICLES OF INCORPORATION

For

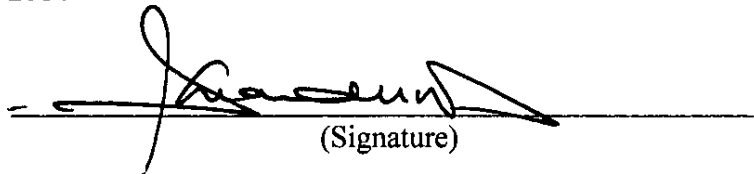
**Recovery Health Service Center, Inc.**

## Article VI-Subscriber (s)

Dr. Serge L. Alexandre  
7100 South Military Trail, Ste. No.7126  
Lake Worth, Florida 33463

The undersigned incorporator(s) has executed these Articles of Incorporation this

18<sup>th</sup> day of July, 2014

  
(Signature)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## Article VI: Perpetual Life of the Corporation

The corporation shall exist perpetually, or until such time that the Board of Directors and/or shareholder(s) decide to dissolve the corporation.

## Article VII-Appointment of Officers & Directors

The subscriber(s) of this corporation has appointed the following officers and directors of the corporations. These officers and directors will serve in accordance with the bylaws of the corporation:

<u>Name</u>	<u>Address</u>	<u>Title</u>
1. Dr. Serge L. Alexandre	7100 South Military Trail Suite No. 7126 Lake Worth, Florida 33463	President/CEO
2. Marie E. Paul	7100 South Military Trail Suite No. 7126 Lake Worth, Florida 33464	Corporate Secretary
3. Dr. Serge L. Alexandre	7100 South Military Trail Suite No. 7126 Lake Worth, Florida 33464	Chairperson, Board of Directors

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

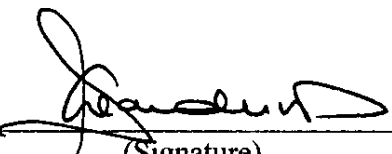
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PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Recovery Health Service Center, Inc.**
  
2. The name and address of the registered agent and office are as follows:

**Dr. Serge L. Alexandre  
7100 South Military Trail, Ste. No. 7126  
Lake Worth, Florida 33463**

*Having been named as registered agent and to accept service 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 obligation of my position as registered agent.*

  
(Signature)

06-18-2014  
(Date)