

904-222-9171  
904-222-0191 FAX



**PR500024578**

ACCOUNT NO. : 072100000022

REFERENCE : 566617 91003A

AUTHORIZATION :

COST LIMIT : \$ 75.00

ORDER DATE : March 27, 1995

ORDER TIME : 12:58 PM

ORDER NO. : 566617

600001440866

CUSTOMER NO: 91003A

CUSTOMER: Mr. Ronald C. Bourret  
UNITED BUSINESS CONSULTANTS

Suite 311  
201 Park Place  
Altamonte Spgs, FL 32701

**EFFECTIVE DATE**  
3-20-95

DOMESTIC FILING

NAME: FAMILY TREATMENT CENTER, INC.

XXX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: \_\_\_\_\_

**T. BROWN MAR 28 1995**

FILED  
95 MAR 27 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
FAMILY TREATMENT CENTER, INC.**

FILED  
95 MAR 27 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as Incorporator of a corporation under the Florida Business Corporation Act, adopt the following Articles of Incorporation for such corporation:

**ARTICLE I NAME**

The name of the Corporation and its registered address shall be:

FAMILY TREATMENT CENTER, INC.  
106 Boston Avenue, Suite 102  
Altamonte Springs, Florida 32701

**EFFECTIVE DATE**

3-20-95

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of common stock which the Corporation shall have the authority to issue is ONE THOUSAND (1,000) which shall have a par value of ONE DOLLAR (\$1.00) each. Each share shall have one vote on all business affairs of the Corporation, as designated in the By-Laws.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually. The effective date of the corporation shall be the date of subscription and acknowledgement (notarization).

**ARTICLE V OFFICERS DIRECTORS**

The names and street addresses of the initial officers and directors, if any, are:

Linda J. Golub, President  
16001 Acorn Circle  
Tavares, Florida 32778

Ann C. McDaniel, Secretary/Treasurer  
106 Boston Avenue, Suite 102  
Altamonte Springs, Florida 32701

The Officers of this Corporation shall be the officers of President, Secretary and Treasurer. The first Board of Directors, and designated Officers shall hold office for the first year of existence of the Corporation.

## **ARTICLE VI INCORPORATORS**

The name and address of the Incorporators of these Articles of Incorporation is:

Linda J. Golub  
16001 Acorn Circle  
Tavares, Florida 32778

Ann C. McDaniel  
106 Boston Avenue, Suite 102  
Altamonte Springs, Florida 32701

## **ARTICLE VII BY-LAWS**

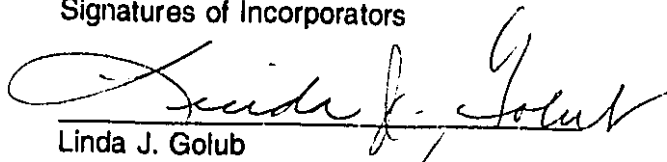
The Board of Directors or their designees shall enact a set of By-Laws in which to govern the business affairs of the Corporation within three (3) months of the first Directors coming to office. Once ratified by a majority of all shareholders, any change or amendment will require a majority vote of the voting shareholders attending the annual or special meeting called for this purpose.

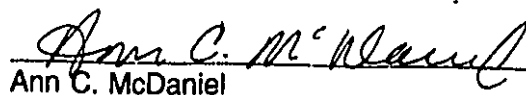
## **ARTICLE VIII AMENDMENTS**

These Articles of Incorporation may be amended in any manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the shareholders meeting by majority of the stock entitled to vote thereon, unless all of the shareholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation may be made.

**IN WITNESS WHEREOF**, the undersigned incorporator(s) has(have) executed these Article of Incorporation this 20<sup>th</sup> day of March 1995.

Signatures of Incorporators

  
Linda J. Golub

  
Ann C. McDaniel

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

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is:

FAMILY TREATMENT CENTER, INC.

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

Ann C. McDaniel  
106 Boston Avenue, Suite 102  
Altamonte Springs, Florida 32701

95 MAR 27 AM 10:28  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED REGISTERED AGENT AND 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. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Ann C. McDaniel  
(Registered Agent)

DATE 3/20/95

STATE OF FLORIDA  
COUNTY OF Seminole

THE FOREGOING instrument was acknowledged and sworn to before me this 20 day of March, 1995, by Ann C. McDaniel who is personally known to me or produced a Florida Driver's License

# \_\_\_\_\_ as identification and who did not take an oath.

WITNESS my hand and official seal on the county and state last aforesaid this

20 day of March, 1995.

Notary Public



JOANN S. ILLGES  
My Comm Exp. 2/23/99  
Bonded By Service Ins  
No. CC441451

☒ Personally Known ☐ Other I.D.

Joann S. Illges  
My Commission Expires: 2-23-99