## P 950000 50691

#### TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 800001525168 -06/28/95--01011--008 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: THE APDICTIONS CENTER FOR TREATMENT, INC. (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ \_\_\_\_\_\_\_.

FROM:

MICHAEL CHERNAK

Name

3118 FLORIDA BOULEVARD, #2028

Address

DELANY BEACH, FL 33483

City, State, & Zip

(407) 274 - 6652

Teléphone Number

Note: Additional copy of articles is needed when certified copy is requested.

#### **ARTICLES OF INCORPORATION**

<u>QF</u>

THE ADDICTIONS CENTER FOR TREATMENT, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

THE ADDICTIONS CENTER. FOR TREATMENT,

NS CENTER FOR TREATMENT, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

3118 FLORIDA BOULEVARD, #2028 DELRAY BEACH, FL 33483

#### ARTICLE III CAPITAL STOCK

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

1000 SHARES @ \$1.00 PAR VALUE

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MICHAEL CHERNAK 3118 FLORIDA BOULEVARD, # 202B DELRAY BEACH, FL 33483

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAMES RESTEMIAN /ALA /AGOP RUSTEMOGLU
WALT WHITMAN ROAD, STE. LLII
MELVILLE, NY 11747

PRES. DIRECTOR

MICHAEL CHERNAK
3118 FLORIDA BOULEVARD, #202B
DELRAY BEACH, FL 33483

VICE-PRES. DIRECTOR SECY.

JOHN FALVEY 5631-A COACH HOUSE CIRCLE BOCA KATON, FL 33486 VICE-PRES. / PIRECTOR

The undersigned has(have) executed these Articles of Incorporation this

23 en day of June 1.

Signature / title

Signature/Title

Signature/Title

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: THE ADDICTIONS CENTER  |
|-------|--|
|       | FOR TREATMENT, INC.  |
| 2.    | The name and address of the registered agent and office is:  |
| -     | MICHAEL CHERNAK (NAME)   |
|       | <u> </u>   |
|       | (P.O. BOX NOT ACCEPTABLE) # 202 B 芸芸 T   |
|       | (P.O. BOX NOT ACCEPTABLE)  (P.O. BOX NOT ACCEPTABLE)   |
|       | DELLAY BEACH FL 33483  |
|       | DELLAY BEACH, FL 33483   |
|       | · · · · · · · · · · · · · · · · · · ·  |
|       |  |
|       |  |
|       | SIGNATURE (corporate officer)  |
|       | (corporate officer)  |
|       | TITLE VICE PRESIDENT   |
|       | DATE_ 6-23-95-   |
|       |  |
|       |  |
| HA    | VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF   |
|       | OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN S CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT                                   |
|       | Z NOMER TO ACT IN LING CAPACITY. TELIBERRAGREE TO COMPLY WITH THE  |
| 1 111 | POVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER- RMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA- NS OF MY POSITION AS PERSONNERS. |
| TIO   | NS OF MY POSITION AS REGISTERED AGENT.   |
|       | SIGNATURE Milly  |
|       | DATE 6.23.95   |
|       | DATE 6.213.95  |

REGISTERED AGENT FILING FEE: \$35.00

# P9500050691

7000011635087 -11/14/35--01034--011 -++++35.00 +++++35.00

| <br>JOHN L. FALVEY 500 N E. SPANISH RIVER BLVD # | 3.2 |
|--|-----|
| BOCA RATON, FL 33431                             |     |

OFFICE USE ONLY

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

| (Corporation Name)           | (Document #)          |
|------------------------------|-----------------------|
| (Corporation Name)           | (Document #)          |
| (Corporation Name)           | (Document #)          |
| (Corporation Name)           | (Document #)          |
| Walk in Pick up time         | Certified Copy        |
| Mail out Will wait Photocopy | Certificate of Status |

| NEW FILINGS       | AMENDMENTS                            |
|-------------------|---------------------------------------|
| Profit            | Amendment                             |
| NonProfit         | Resignation of R.A., Officer/Director |
| Limited Liability | Change of Registered Agent            |
| Domestication     | Dissolution/Withdrawal                |
| Other             | Merger                                |

| OTHER FILINGS    |        |   |
|------------------|--------|---|
| Annual Report    |        | _ |
| Fictitious Name  | $\neg$ | - |
| Name Reservation |        | - |
|                  |        |   |

CR2E031(10/92)

| REGISTRATION/<br>QUALIFICATION |
|--------------------------------|
| Foreign                        |
| Limited Partnership            |
| Reinstatement                  |
| Trademark                      |
| Other                          |



Examiner's Initials

#### JOHN L FALVEY 500 N E SPANISH RIVER BLVD #32 B BOCA RATON, FL 33431

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

THE ADDICTIONS CENTER FOR TREATMENT, INC. Re: Addiction-Center-for Treatment, Inc. -

#### Gentlemen:

THE ADDICTIONS CENTER FOR
I hereby tender my resignation form any offices I may hold in Addiction Center for TREATMENT, INC.

Treatment Inc. including but not limited to the office of TREASURER,
effective immediately.

THE ADDICTIONS CENTER FOR TREATMENT, INC.

My check in the sum of \$35.00 is enclosed.

Thank you for your anticipated cooperation herein.

Very truly yours,

JOHN L. FALVEY

FILED
95 HOV 13 PH 2: W
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JLF/rr

cc: ADDICTION CENTER FOR TREATMENT, INC.

DAVID B. VAN KLEECK, P.A.

OF COUNSEL:

CHARLES A. BUTTS \* \* ALSO ADMITTED IN NEW YORK

400002074724--8 -01/31/97--01037--011 \*\*\*\*\*\*70.00 \*\*\*\*\*35.00

\*\*\*\*35.00

A PROFESSIONAL CORPORATION 980 NORTH FEDERAL HIGHWAY, SUITE 440 BOCA RATON, FLORIDA 13432 TELEPHONE (561) 368-3400

TELECOPIER (561) 338-3441 E-Mail:75773 2231@compuserve.com

DAVID B. VAN KLEECK

December 27, 1996

Corporations Division Office of Secretary of State 408 E. Gaines Street Tallahassee, FL 32301

The Addictions Center for Treatment, Inc. Corporate Document P95000060691

Gentlemen:

December 15, 1996 I decided to resign as an Officer and as a Director of the corporation named above.

December 16 my assistant called to determine how this resignation could be documented in your records (preferably by telecopy that day). She was told that a form promulgated by your office, together with a fee (some \$61.00, as I recall) was the only way to accomplish that.

December 17 she called your office and requested that such a form be faxed to me. She was told that could not be done; such forms were only mailed, if not picked up in person. Mailing was requested.

In the fullness of time, the Christmas season mail produced a form on which an entire new Annual Corporate Report is appropriately filed, together with the information that a filing fee in excess of \$200.00 would be required. The form has nothing to do with the resignation by an officer or director; to complete it would be to exercise authority for corporate affairs of just that degree which I was seeking to resign.

Please see the enclosed resignation is made part of your records on the subject corporation. If there is some further fee or vaction required, please advise.

Thank you for your attention to this.

TLL JAN 2 7 1997

Very truly yours,

David B. Van Kleeck off Resigr

DVK/dls Enclosures



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 6, 1997

DAVID B. VAN KLEECH, ESQ. 980 NORTH FEDERAL HIGHWAY SUITE 440 BOCA RATON, FL 33432

SUBJECT: THE ADDICTIONS CENTER FOR TREATMENT, INC.

Ref. Number: P95000050691

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6905.

Thelma Lewis Corporate Specialist Supervisor

Letter Number: 597A00000420

RESIGNATION

SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JAN 27 PM 2: 24

DATE: December 15, 1996

TO WHOM IT MAY CONCERN:

Effective at once, I hereby resign as Officer and as Director of THE ADDICTIONS CENTER FOR TREATMENT, INC. (Corporate Document No. P95000050691).

DAVID B. VAN KLEECK

cc: Corporate Minutes