P95000 73526

LAZARUS CORPORATE INDUSTRIES, INC. (Requestor's Name) 890 S.W. 87 AVENUE, SUITE: 16	**************************************
(Address) MIAMI, FLORIDA 33174 (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
(904) 385-6715	
CODESDATION NAME(S) & DOCUMENT NUME	RED(S) ((Chann)

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Limited Liability	Change of Registered Agen	nt	
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Other	Merger	,	· .
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OTHER FILINGS	REGISTRATION/ QUALIFICATION		÷*•
Annual Report	Foreign		
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement	(N
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Examiner's Initials

Trademark

Other

CR2E031(10/92)

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ARTICLES OF INCORPORATION

SECHE IARY OF STATE TALL AHASSEE, FLORIDA

OF

ST JUDE PARTIAL HOSPITALIZATION PROGRAM, CORP.

ARTICLE I - NAME

The name of this corporation is, ST JUDE PARTIAL HOSPITALIZATION PROGRAM, CORP.

ARTICLE II - DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III - ADDRESS

The mailing address of the corporation is 1313 Ponce de Leon Blvd., Suite 201, Coral Gables, Florida. 33134

ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue One Thousand (1,000) shares of NO par value common stock, which shall be designated "Common Stock".

ARTICLE VI- PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro

rata share thereof (as nearly as may be done without issuance of tractional shares) at the price at which it is offered to others.

ARTICLE VII - INITIAL REGISTERED OFFICE AND AGENT

The street address of the principal office of this corporation is 1313 Ponce de Leon Blvd. Suite 201 Coral Gables, Florida. 33134 and the name of the initial registered agent of this corporation is ALINA M. ROIG

ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time as provided in the bylaws but shall never be less than ONE.

The names and addresses of the initial directors of this corporation are:

Alina M. Roig

1313 Ponce de Leon Blvd. Suite 201 Coral Gables, Fl. 33134

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer of director, to the full extent permitted by law.

ARTICLE X - INCORPORATOR

The names and addresses of the persons signing these articles are:

Alina M. Roig

1313 Ponce de Leon Blvd. Suite 201 Coral Gables, Fl. 33134 IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of incorporation this local day of September 1995.

Alina M. Roig

STATE OF FLORIDA)

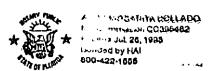
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COUNTY OF DADE

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared ALINA M. ROIG, who is personally known to me or who have produced produced as identification, and he acknowledged before me that he executed those articles of incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this _______day of September, 1995.



Notary Public, State of Florida at Large

My commission expires:

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT UPON WHOM SERVICE OF PROCESS MAY BE EFFECTIVE

In compliance with Section 607.0501 of the Florida Statutes, the following is submitted:

ST JUDE PARTIAL HOSPITALIZATION PROGRAM, CORP.

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the City of Miami, County of Dade, State of Florida, has named ALINA M. ROIG located at 1313 Ponce de Leon Blvd. suite 201 City of Coral Gables, County of Dade, State of Florida as its agent to accept service of process within the State of Florida.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree 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.

Dated this day of September, 1995.

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Resident and Registered Agent

Alina M. Roig

LAZARUS CORNEAT INDISTRIES, DC. 735

890 S.W. 87 AVENUE SUITE: 16
Address

MIAMI, FLORIDA 33174 (305)552-5973
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

80000188958 -07/10/96--01034--002 Office Off

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

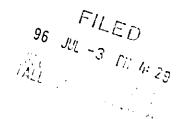
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Examiner's Initials

Articles of Amendment

To

Articles of Incorporation



Pursuant to Section 607.1006, Florida Statutes, the undersigned corporation adopted the following Articles to amend to its Articles of Incorporation

The Name of the Corporation is:

ST. JUDE PARTIAL HOSPITALIZATION PROGRAM CORP.

Amendment Article I

The Name of the Corporation is changed to:

ST. JUDE COMMUNITY MENTAL HEALTH SERVICE CORP.

This Articles of Amendment was adopted on the1st Da	y ofJuly19_96
The Corporation has only one adopted of voting stock. This am-	
The amendment was approved by the shareholders. The numb	er of votes cast for amendment was
sufficient for approval.	

Corporation Name

Program Corp

of Jule Partal Hospitalization

By President

Par Rois

Print Name