DATE DATE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Department of State Division of Corporations P.O. Box 6327

FILED

BO JAN - 2 AH IV: 26

SECRETARY OF STATE
SECRETARY OF FLORIDA

SUBJECT:

Tallahassee, Fl 32314

P & V PARCIAL HOSPITAL PROGRAM, INC. (proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 122.50

FROM:

MARITZA H. ARCE 3740 W. 12 AVE. HIALEAH, FL 33012

(305) 826-0741

800001662818 -12/15/95--01054--011 ****122.50 ****122.50

W 15 77

ESF



December 19, 1995

MARITZA H ARCE 3740 W 12 AVE HIALEAH, FL 33012

SUBJECT: P & V PARCIAL HOSPITAL PROGRAM, INC. Ref. Number: W95000024577

We have received your document for P & V PARCIAL HOSPITAL PROGRAM, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 595A00054553

DESCRIPTION DATE

CERTIFICATE OF DESIGNATION REGISTERED OFFICE

ARTICLES OF INCORPORATION

OF.

P & V PARCIAL HOSPITAL PROGRAM, 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:

P & V PARCIAL HOSPITAL PROGRAM, INC.

ARTICLE II PRINCIPAL OFFICE

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

1284 W 38 PLACE HIALEAH, FL 33012

ARTICLE III SHARES

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

1,000 SHARES OF STOCK AT \$0.01 PER VALUE, WICH SHALL DESIGNATED "COMMON SHARES"

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARLENY PARRA 1284 W 38 PLACE HIALEAH, FL 33012

CERTIFICATE OF DEBIGNATION REGISTERED AGENT/REGISTERED OFFICE

Filing Fee -\$35

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statues, 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: P & V PARCIAL HDSPITAL PROGRAM, INC.

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

> MARLENY PARRA (NAME)

1284 W 38 PLACE (P.O. BOX NOT ACCEPTABLE)

HIALEAH, FL 33012 (CITY/STATE/ZIP)

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.

SIGNATURE: Mana		
DATE:	12/01/95	· · · · · · · · · · · · · · · · · · ·

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

ARTICLE V INCORPORATOR(S)

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

MARLENY PARRA, PRESIDENT, SECRETARY AND TREASURER 1284 W 38 PLACE HIALEAH, FL 33012

JUAN VALDES, VICE-PRESIDENT 1284 W 38 PLACE HIALEAH, FL 33012

THE PURPOSE OF THIS CORPORATION IS TO TAKE CARE OF PATIENTS AFTER THEIR DISCHARGE FROM THE HOSPITAL, PROVIDE THEM PHYSICAL AND MENTAL THERAPY

THIS CORPORATION SHOULD BE EFFECTIVE ON: JANUARY 01/1996

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this O1 day of DECEMBER, 1995.

MARLENY PARRA PRESIDENT

JUAN VALDES-VICE-PRESIDENT

Signature

Before me personally appeared MARLENY PARRA & JUAN VALDES, who having first been sworn & affirm that THEY ARE the incorporator(S) described in the above Articles of Incorporation, who executed said Articles of Incorporation, and the futber acknowledged before me that THEY executed said Articles of MARIZA HARC

MARITZA H ARCE
COMMISSION HUMBER
CC277167
NY COMMISSION EXP.
OF FLO NY COMMISSION EXP.

MY COMMISSION EXPIRES

matrym

MARITZA H ARCE NOTARY PUBLIC, STATE OF FLORIDA