

P960000001535

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 JAN - 5 PM 3:48 RECEIVED
 96 JAN - 4 PM 10:21

W96-238

AL JAN - 5 1995

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE _____
 TIME _____ CK No. _____
 BY _____

WALK-IN Will Pick Up NC 1-4

RE: Island Shores Counseling, inc.

| | C.C. FEE. | DISBURSED |
|--|--|-----------|
| <input checked="" type="checkbox"/> Capital Express™ | | |
| <input type="checkbox"/> Art. of Inc. File | | |
| <input type="checkbox"/> Corp. Record Search | | |
| <input type="checkbox"/> Ltd. Partnership File | | |
| <input checked="" type="checkbox"/> Foreign Corp. File | | |
| <input checked="" type="checkbox"/> () Cert. Copy(s) | 10000157884 01704296-01014-032 ****367.50 ****122.50 | |
| <input type="checkbox"/> Art. of Amend. File | | |
| <input type="checkbox"/> Dissolution/Withdrawal | | |
| <input type="checkbox"/> C U S- | | |
| <input type="checkbox"/> Fictitious Name File | | |
| <input type="checkbox"/> Name Reservation | | |
| <input type="checkbox"/> Annual Report/Reinstatement | | |
| <input type="checkbox"/> Reg. Agent Service | | |
| <input type="checkbox"/> Document Filing | | |
| <input type="checkbox"/> Corporate Kit | | |
| <input type="checkbox"/> Vehicle Search | | |
| <input type="checkbox"/> Driving Record | | |
| <input type="checkbox"/> Document Retrieval | | |
| <input type="checkbox"/> UCC 1 or 3 File | | |
| <input type="checkbox"/> UCC 11 Search | | |
| <input type="checkbox"/> UCC 11 Retrieval | | |
| <input type="checkbox"/> File No.'s, Copies | | |
| <input type="checkbox"/> Courier Service | | |
| <input type="checkbox"/> Shipping/Handling | | |
| <input type="checkbox"/> Phone () | | |
| <input type="checkbox"/> Top Priority | | |
| <input type="checkbox"/> Express Mail Prop. | | |
| <input type="checkbox"/> FAX () pgs. | | |
| SUBTOTALS | | |

| | |
|--------------------------------|----|
| FEE..... | \$ |
| DISBURSED..... | \$ |
| SURCHARGE..... | \$ |
| TAX on corporate supplies..... | \$ |
| SUBTOTAL..... | \$ |
| PREPAID..... | \$ |
| BALANCE DUE..... | \$ |
| | \$ |

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

January 4, 1996

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: ISLAND SHORES COUNSELING, INC.
Ref. Number: W9600000238

We have received your document for ISLAND SHORES COUNSELING, INC. and your check(s) totaling \$367.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 496A00000428

96 JAN -5 PM 11:57
DIVISION OF CORPORATIONS

RECEIVED

CORRECTED

ARTICLES OF INCORPORATION
OF
ISLAND SHORES COUNSELING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -5 PM 3:48

The undersigned, for the purposes of forming a corporation under the Florida General Corporation Act, Florida Statutes Chapter 607, hereby adopts the following articles of incorporation.

ARTICLE I:

NAME

The name of the corporation shall be **ISLAND SHORES COUNSELING, INC.**

ARTICLE II:

PRINCIPAL OFFICE

The street address of the principal office is 101 Corsair Drive, Suite 103, Daytona Beach, Florida 32114 and the mailing address of the corporation is P.O. Box 290849, Port Orange, Florida 32129.

ARTICLE III:

CAPITAL STOCK AND PAR VALUE

The number of shares that this corporation is authorized to have outstanding at any one time is ten thousand (10,000) shares of common stock. The par value of the stock of the corporation will be par value of One Dollar and 00/100 (\$1.00) per share.

ARTICLE IV:

INITIAL REGISTERED AGENT AND ADDRESS

The street address of the initial registered office of the corporation is 101

Corsair Drive, Suite 103, Daytona Beach, FL 32114, and the mailing address is P.O. Box 290849, Port Orange, Florida 32129 and the name of the initial registered agent at said address is Sharon K. Winters, M.D.

ARTICLE V:

INCORPORATOR

The name and address of the incorporator is Sharon K. Winters, M.D., P.O. Box 290849, Port Orange, Florida 32129.

ARTICLE VI: INITIAL OFFICERS

There shall be three initial officers of the corporation. The name, address and title of the officers are:

William C. Winters, M.D., P.O. Box 290849, Port Orange, Florida 32129, who shall serve as President;


Sharon K. Winters, M.D., P.O. Box 290849, Port Orange, Florida 32129, who shall serve as Vice President;

Joseph Lupo, PhD, P.O. Box 290849, Port Orange, Florida 32129, who shall serve as Secretary/Treasurer.

ARTICLE VII: FISCAL YEAR

The fiscal year of the corporation shall end at June 30th of each calendar year.

The undersigned has executed these Articles of Incorporation this 3rd day of January 1996.


Sharon K. Winters, M.D.

IN WITNESS WHEREOF, I have subscribed my name this 3rd day of
January 1996.

SHARON K. WINTERS
SHARON K. WINTERS, M.D., Incorporator

STATE OF FLORIDA
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared SHARON K. WINTERS, M.D., who produced Identification in the form of _____ or is known to me to be the person who subscribed the foregoing Articles of Incorporation and acknowledged that he subscribed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 3rd day of January 1996.



SHERI M. SALLADE
COMMISSION # CC 377057
EXPIRES JUN 7, 1993
BONDED THRU
ATLANTIC BONDING CO., INC.

Sheri M. Sallade
Notary Public, State of Florida

**CERTIFICATE of DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

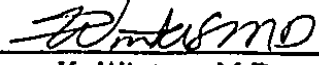
96 JAN -5 PM 3:48

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: ISLAND SHORES COUNSELING, INC.
2. The name and address of the registered agent and office is:

Sharon K. Winters, M.D.

101 Corsair Drive
Suite 103
Daytona Beach, FL 32114


Sharon K. Winters, M.D.

TITLE: Vice President

DATE: 1-3-96

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


SHARON K. WINTERS, M.D.

DATE: 1-3-96

96000001535

Requester's Name

PO Box 290579
P.O., FL 32129

City/State/Zip

Phone #

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input checked="" type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

000002311000--0
-10/03/97--01043--009
*****35.00 *****35.00

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

FILED
97 OCT -3 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

10/4

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this corporation submits the following articles of dissolution:

FILED
97 OCT -3 PM 8:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FIRST: The name of the corporation is Island shores Counseling, INC.
59-3351317
Reference number P96000001535

SECOND: The articles of Incorporation were filed on 1-5-96.

THIRD: (check one)

- ☒ None of the corporation's shares have been issued.
☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (check one)

- ☒ A majority of the incorporators authorized the dissolution.
☐ A majority of the directors authorized the dissolution.

Signed this 10 day of September, 1997.

Signature

[Signature]
(By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president or other officer if adopted by the directors)

Sharon K. Winters

(Typed or printed name)

incorporator

(Title)