P96000005953

LAZARUS CORPORATE	INDUSTRIES. INC.		
890 S.W. 87 AVENUE		1	
(Addrass)		,	
MIAMI, FLORIDA 33174 (305)552-5973		OFFICE USE ONLY	
(City, State, Zip) LOCAL REPRESENTAT	(Phone #)		
	LAD TANDAMASSIC		200001690692 -077796008
(904)385-6715		4	****122.50 ****122.50
		*1	
CORPORATION NAME	C(s) & DOCUMENTNUMB	ER(S) (ifknown):	
· Novi Me	n 1 1/2	•	
1. NOVI MED, INC.		(Document #)	
2. 8 5		,,	
Corporation Name)		(Document #)	
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Mail out Wil	I wait Photocopy	Certificate of	: Status
		٠,	
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Director		
Limited Liability Change of Registered Agent		T 12	;
Domestication	Dissolution/Withdrawal	· · · · · · · · · · · · · · · · · · ·	
Other	Merger		
OTHER FILINGS	REGISTRATION/ -	789-502-67 WALE 130	1d
Annual Report	QUALIFICATION	11910-130	1
Fictitious Name		-502	
1	Limited Partnership		•

Reinstatement Trademark

Other

CR2E031(10/92)

Name Reservation

Examiner's Initials 01



January 18, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVENUE #16 MIAMI, FL 33174

SUBJECT: NOVI MED. CENTER INC. Ref. Number: W96000001301

We have received your document for NOVI MED. CENTER INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden **Document Specialist**



Secretary of State

January 17, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVENUE #16 MIAMI, FL 33174

SUBJECT: NOVI MED. INC. Ref. Number: W96000001301

We have received your document for NOVI MED. INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden Document Specialist

Letter Number: 396A00002150

96 JAN 18 AMII: 26 Division of Corporation We. The understained, hereby associate curreless together for the purpose of becoming a contorallon under the laws of the State of Florida, by and under the provision of the State of Florida providing for the formation, liability, rights, privileges and immuniciae of a corporation for prolif.

ANTICLE I

The name of the corporation shall be

NOVI MED. CARE SERVICES INC.

SO TH 61 HAT 50 SHOWING THE SOURCE THE SECURIOR SECURIOR

Anticle II

The corporation may engage in any notivity of business permitted under the laws of the United States and the State of Florids

Anticle III

The maximum shares of stock, with 1.00 per value, that this Corporation is authorized to have outstanding at any time is 'FLYE IRNUSED' (500) Shares.

ARTICLE IV

The amount of capital with which this corporation will begin business not be less than \$30.00 Dollars. FLYE IRNIND ULLARS

ANTICLE V

This Corporation is to have perpetued existence.

Atticing

The principal office of this Corporation shall be

11300 NW 87 CT SUITE 164 HIALEAH GARDEN, FL.33016

Afiticle vii

The number of the board of Directors of the Corporation shall not be less than one person. The names and post office addresses of the flist Board of Directors, who subject to the provisions of the Cartilleate of Incorporation, the By-laws and the note of tegislature, shall hold office for the first year of the Corporation's existence, or until their successes are elected and shall be duty qualified, are:

IVONNE HERNANDEZ 8601 SW 36 ST, PRESIDENT 100 % SHARES

ANTICLE VIII

The names of post office addresses of each subscibin to the Confidence of Incorporation are as follows:

IVONNE HERNANDEZ 8601 SW 36 ST PRESIDENT MIAMI FL.33155

ARTÍCLE IX

No contract or other transaction between this corporation and any other corporation shall be affected or invalidated by the fact that any one or more of the Directors of this corporation is or are interested in, or is a Director or officer of, or are Directors or Officers of, such other corporation.

The Corporation shall have the further right and power to, from time to time, determine whether and to what extend, at what time and places and under what conditions and regulations the accounting books of this Corporation, other than the stock book, or any of them, shall be open to the inspection of the stockholders, and no stockholders shall have any right of inspection any account book or decument of this corporation, except as conferred by statute, unless authorized by resolution of the stockholders or Board of Directors. The Corporation, in its By-laws, confers powers upon its Board of Directors or Officers, in addition to the powers authorized and expressly conferred by Statute. Both stockholders and Directors shall have the power, if the By-laws so provide, to hold their respective meeting and to have one or more offices, within or without the State of Florida, and to keep the books of this Corporation subject to the provisions of the Statute outside the State of Florida at such places as may from time to time be designated by the Board of Directors.

The Corporation reserves the right to amend, after, change or pest any provisions contained in this Certificate of incorporation in the manner now or hereafter prescribed by Statute, and all rights conferred upon the stockholders herein or granted subject to this reservation.

The Corporation shall have power to purchases or otherwise acquire, directly and/or through ownership of stock in any corporation, all or any part of the business, good will, rights, property and assets or of any individual, and to pay for the same in cash with the stock of this corporation, bonds or otherwise, and to hold or in any manner dispose of he whole or any part of the property so purchased, or to conduct in any lawdful manner the whole or any part of the business so acquired, provided that such business is within the authorization of the laws of the State of Florida, and any Acts amendatory thereto; and to exercise all the powers necessary or convenient in or about the conducting and management of such business.

To enter into general partnerships, limited partneships (whether the corporation be a limited or general partnership), joint ventures, syndicates, pools, associations and other arrangements for carrying on one or more of the purposes set forth herein jointly or in common with others, so long as the corporation would have the power to do so along.

We, the undersigned being each and all of the original subscribers to the capital stock hereinabove named for the purpose of forming a corporation for profit to do business both within and without the State of Florida, do (sereby make, subscribe and acknowledge and tile this Cartificate hereby declaring and untillying that the facts trerein stated are true, and "? respectively agree to abide by the Articles as trerein stated.

ensetiped at Wiew	, I' Dana Convill' I	Florida, Ihia 18 day of JANUARY 19:
		IVONNE HERNANDEZ
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TATE OF FLORIDA	<i>;</i>	
	38	
COUNTY OF DADE	,	5
fore me, the undersignowing the control of the cont	gned authority, o onally appeared	duly authorized to administer oaths and receive
o, after being duly s agoing Certificate of	worn by me, de incorporation fo	pose and say that they signed the above and If the purposes therein set forth.
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01	19	liami, Dade County; Florids, this-
	····	
•		· .
		Votary Pholic, Sigle of Florida at Large
	•	

My Commission expires:

FILED CECRETARY OF STATE INVESTOR OF CORPORATIONS

CENTIFICATE DESIGNATING CHANGE OF 96 JAN 19 PH 2: 09 PLACE OF BUSINESS OF DOMICILE FOR BERVICE OF PROCESS WITHIN THE STATE OF FLORIDA

In pursuance of Chapter 46,051, Florida Statutes, the following is submitted in accordance with sold Act.:

That NOVI MED. CARE SERVICES INC. to qualitied to do business under the laws of the State of Florida, with its principal office at

11300 NW 87 CT. SUITE 164 HIALEAH GARDEN FL. 33016

and has appointed

IVONNE HERNANDEZ
8601 SW 36 ST.
as its and AMI action 331.75 of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated Corporation at the place designated in the Certificate I hereby accept to act in this capacity and agree to comply with the provisons of said Act relative to keeping open said office.

IVONNE HERNANDE:

1600000595

2/12/96

FLURIDA DIVIBION OF CORPORATIONS

3:31 PM

(((H96000002046)))

TO: DIVISION OF CORPORATIONS

DEPARTMENT OF STATE

STATE OF FLORIDA 409 EAST GAINES STREET TALLAHABBEE, FL 38399

FAX: (904) 922-4000

PUBLIC ACCESS SYSTEM

ELECTRUNIC FILING COVER SHEET FROM: FAS-T CORP. AGENTS, INC.

8405 NW 53RD ST

BUITE C-100

MIAMI FL 33166-CONTACT: LIDIA **FERNANDEZ**

PHONE: (305) 599-0839 (305) 592-9591 FAXI

(((H96000002046)))

DOCUMENT TYPE: BABIC AMENDMENT

NAME: NOVY MED. CARE SERVICES INC.

FAX AUDIT NUMBER: H96000002046 DATE REQUESTED: 02/12/1996

CERTIFIED COPIES: 0

CURRENT STATUS: REQUESTED TIME REQUESTED: 15:31:30 CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 2 ESTIMATED CHARGE: \$35.00

METHOD OF DELIVERY: FAX ACCOUNT NUMBER: 071001002335

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H96000002046)))

** ENTER 'M' FOR MENU. **

2/12/96

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC PROCESSING MENU

3:31 PM

W96000003294 name Charge

FILED 96 FEB 13 PH 12: 15

SECRETARY OF STATE
FIORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
Sandra B. Mortham
Secretary of Resident

February 13, 1996

NOVI MED. CARE BERVICES INC. 11300 NW 87 COURT #164 HIALBAN GARDEN, FL 33016

SUBJECT: NOVI MED. CARE SERVICES INC.

REF: P96000005953

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6910.

Louise Flemming-Jackson Corporate Specialist Supervisor FAX Aud. #: H96000002046 Letter Númber: 896A00006276

RECEIVED

96 FEB 13 PH 12: 02

1- SIGN OF CURFORMIGNS

H96000002046

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

FILED

96 FEB 13 PH 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

novi MED. Care Sorvices Inc.

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended added or deleted)

article I / The name of the corporation Should be:
Gables West Mental Health & Phycological Center, Inc.

article II The principle office location is 7911 N.W. 72 NO AVENUE Suite 109 Medley, FI 33166

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

Prepared by: Ivonne Hernandez 8601 SW 36 St. Miami, Fl 33155 (305) 264-7252

1196000002046

THIRD:	The date of each amendment's adoption: 4/10/96			
FOURTH: Adoption of Amendment(s) (CHECK ONE)				
•	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.			
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):			
"The number of votes cast for the amendment(s) was/were sufficient for approval by"				
•				
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.			
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.			
Signed this day 10 of 36				
Simon District President				
(By the Chairman or Mice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)				
OR				
(By a director if adopted by the directors)				
•	OR			
(By an incorporator if adopted by the incorporators)				
Typed or printed name				
President Title				