# P9600000 8500

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

. 4

SUBJECT: Florida Behavioral Services, INC.

(Proposed corporate name - must include suffix)

ODDO 1657200
-01/25/96--01001--002
\*\*\*\*131.25 \*\*\*\*\*131.25

FROM:

Christopher Santi
Name (printed or typed)

5200 North Ocean Blvd. #1407
Address

Ft. Lauderdale, FL. 33308
City, State & Zip

305-782-3513

Daytime Telephone number

18/19

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

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:

Florida Behavioral Services, INC.

# ARTICLE II PRINCIPAL OFFICE

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

9205 S.W. 149th St. Miami, FL., 33176

#### ARTICLE III SHARES

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

100 shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Christopher Santi 5200 North Ocean Blvd. Suite 1407 Ft. Lauderdale, FL. 33308

**FILING FEE: \$70.00** 

# See instructions for officers/directors INCORPORATOR(8)

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

Christophor Santi 5200 North Ocean Blvd. Suito 1407 Ft. Lauderdalo, FL., 33308

John Thoen 9205 S.W. 149th St. . Miami, FL., 33176

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this day of January . **19** 96 .

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Flor	ida Behavioral Services, INC.
a) <u></u>	
2. The name and address of the registered agent and office is:	
Christopher Santi	
(Nan	18) 23
5200 North Ocean Blvd	
(P.O. Box or Mail Drop	BOX NOT acceptable)
	33308 연제
(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)	1/19/96 (Date)