

P960000/3544

TRANSMITTAL LETTER

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

FILED STATE
SECRETARY OF CORPORATIONS
95 FEB -9 PM 2:50

SUBJECT: AMERICAN AMBULATORY BEHAVIORAL HEALTHCARE CENTER, INC.
(Proposed corporate name- must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

(x) \$70.00 () \$78.75 () \$122.50 () \$131.25

100001711301
-02/09/96--01100--008
*****70.00 *****70.00

FROM: ALEIDA GARRIDO MARTINEZ
Name (printed or typed)
6745 SW 94TH STREET
Address
MIAMI, FL 33156
City, State & Zip
(305) 666-0376
Daytime Telephone Number

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

AL FEB 13 1995

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 FEB -9 PM 2:50

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:

AMERICAN AMBULATORY BEHAVIORAL HEALTHCARE CENTER, INC.

ARTICLE II PRINCIPLE OFFICE

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

6745 SW 94TH STREET, MIAMI, FL 33156

ARTICLE III SHARES

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

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALEIDA GARRIDO MARTINEZ
6745 SW 94TH STREET
MIAMI, FL 33156

ARTICLE V INCORPORATOR(S)

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

ALEIDA GARRIDO MARTINEZ
6745 SW 94TH STREET
MIAMI, FL 33156

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
TWENTY-NINTH JANUARY
_____ day of _____, 1996.



Signature

-----oOo-----

Signature

-----oOo-----

Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 FEB -9 PM 2:50

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: AMERICAN AMBULATORY BEHAVIORAL HEALTHCARE
CENTER, INC.

2. The name and address of the registered agent and office is:
ALEIDA GARRIDO MARTINEZ

6745 SW 94TH STREET

(P.O. Box not acceptable)

MIAMI, FL 33156

(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)

Feb. 1, 1996

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

P96000013544

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

8000002028789--3
-12/19/96--01050--021
*****35.00 *****35.00

Office Use Only

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

1. AMERICAN AMBULATORY BEHAVIORAL
(Corporation Name) (Document #)
2. HEALTHCARE CENTER, INC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time 2:00

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of State

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

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

N. HENDRICKS DEC 13 1996

Examiner's Initials

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

FILED
96 DEC 13 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMERICAN AMBULATORY BEHAVIORAL HEALTHCARE CENTER, INC.
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this 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 II: PRINCIPAL OFFICE IS AMENDED TO READ AS FOLLOWS:

1414 N.W. 107th AVENUE, SUITE 102
MIAMI, FLORIDA 33172

WE WILL ADD ARTICLE VI TO ARTICLES OF INCORPORATION WHICH WILL
INDICATE THE BOARD OF DIRECTORS AS FOLLOWS:

ALEIDA GARRIDO MARTINEZ

PRESIDENT, SECRETARY & TREASURER

ADDRESS: 6745 S.W. 94th STREET
MIAMI, FLORIDA 33156

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:

THIRD: The date of each amendment's adoption: DECEMBER 10th, 1996.

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 _____"
(voting group)

- ☐ 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 10th day of DECEMBER, 19 96.

Signature

Aleida S. Martinez

(By the Chairman or Vice 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)

ALEIDA GARRIDO MARTINEZ

Typed or printed name

PRESIDENT, SECRETARY & TREASURER

Title