

P96000019989

LINDA M. WATSON, CPA  
P.O. Box 201100  
PORT ORANGE, FL 32120  
(904) 708-0080  
FAX: (904) 707-5888

February 1, 1996

600001710746  
-02/08/96--01096--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

Dear Sirs:

Enclosed find Articles of Dissolution for the corporation Child Family Center, Inc. The original articles of incorporation were filed in error as a Not For Profit Entity.

Also enclosed find Articles of Incorporation for Child Family Center, Inc. using the same name as a Profit Corporation. Enclosed is a check for \$78.75 to cover the cost of the Filing Fee and Certificate. Please forward the new Certificate as soon as possible.

Very truly yours,

Linda M. Watson  
CPA for Child Family Center, Inc.

*Conflict N95-5948  
Dissolution not filed yet*

FILED  
96 HHR-4 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

789, 502, 706, 671  
1096-3179

## TRANSMITTAL LETTER

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

SUBJECT: Child Family 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 :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: NORMAN E. HOFFMAN, Ph.D., Ed.D.  
Name (printed or typed)

770 W GRANADA BLVD., Ste 112  
Address

ORMOND BEACH FL 32174  
City, State & Zip

904) 676-5888  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 12, 1996

LINDA M WATSON, CPA  
PO BOX 291190  
PORT ORANGE, FL 32129

SUBJECT: CHILD FAMILY CENTER, INC.  
Ref. Number: W9600003179

We have received your document for CHILD FAMILY CENTER, INC. and your check(s) totaling \$78.75. 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.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6919.

Beth Register  
Corporate Specialist Supervisor

Letter Number: 796A00006117

CHILD FAMILY CENTER, INC.  
THE FOUNDATION OF THE FAMILY

Administrative Director  
Donna Chaywood

770 W. Granada Blvd., Suite 112  
Ormond Beach, Florida 32174  
(904) 676-5888

Clinical Director  
Norman E. Hoffman, Ph.D., Ed.D., LMFT, LMHC

227 South Florida Avenue  
Orlando, Florida 32720  
(904) 730-5880

January 16, 1996

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

To the Division of Corporations:

I have no intention of revoking the dissolution and hereby release  
the name to be used by another corporation.

Very truly yours,

*N. E. Hoffman*

Norman E. Hoffman, Ph.D.

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged me this

21st day of Feb, 1996 by  
Norman E. Hoffman who is personally known to me

who has produced \_\_\_\_\_ as

identification and who did (did not) take an oath.

*Nancy L. Rice*  
Notary Public



FILED  
96 MAR -4 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

Child Family Center, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

770 W GRANADA Blvd, Ste 112  
ORMOND Beach, FL 32174

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE THOUSAND (1,000) to be of ONE DOLLAR (1.00) par value.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NORMAN E HOFFMAN, Ph.D., Ed.D.,  
770 W GRANADA Blvd, Suite 112  
ORMOND Beach, FL 32174

FILED  
96 MAR -4 AM 6:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

NORMAN E. HOFFMAN, Ph.D., Ed.D., Clinical Director  
770 W. GRANADA BLVD., Suite 112  
ORMOND BEACH, FL 32174

DONNA M. CAYWOOD, A.S., Administrative Director  
770 W. GRANADA BLVD., Ste. 112  
ORMOND Bch, FL 32174

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16<sup>th</sup> day of January, 19 96.

Norman E. Hoffman  
Signature

Donna M. Caywood  
Signature

\_\_\_\_\_  
Signature

**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, 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:

Child Family Center, INC.

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

NOYMAN E HOFFMAN, Ph.D, Ed. D.  
(NAME)

770 W GRANADA BLVD, STE 200  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORMOND Beach FL 32174  
(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.

N. E. Hoffman  
(SIGNATURE)

1/16/96  
(DATE)

P96000019969

Norman E. Hoffman, Ph.D., Ed.D., LMFT, LMHC.

Counseling & Psychotherapy  
Children, Adolescents & Adults  
Marriage & Family Therapy  
Addictive & Compulsive Behaviors

770 W Granada Blvd., Suite 112  
Ormond Beach, Florida 32174

(904) 677-3995

November 3, 1996

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

100002012881--4  
-11/22/96--01099--016  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Dissolutionment of Child Family Center, Inc.

Dear Department of State:

I have terminated my involvement and am totally dissolving my status as clinical director of the above named corporation.

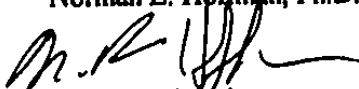
The corporation was commenced on March 4, 1996 and is an S Corporation.

This letter is to promulgate my termination of said corporation and a copy is sent to Donna Caywood, Administrative Director.

If there are any specific documents that I must file, please send them to the above address.

Very truly yours,

Norman E. Hoffman, Ph.D.



Copies enclosed:  
c.c. Donna Caywood

Off Rec  
HFT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV 20 PM 12:10

\*1055, 1056, 6720\*





**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**96 NOV 20 PM 12:10**

November 14, 1996

Norman E. Hoffman  
% CHILD FAMILY CENTER, INC.  
770 W. Granada Blvd., Suite 112  
Ormond Beach, FL 32174

**SUBJECT: CHILD FAMILY CENTER, INC.**  
**Ref. Number: P96000019969**

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

If you have any questions concerning the filing of your document, please call (904) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

**Letter Number: 096A00051956**

Florida Department of State, Sandra B. Mortham, Secretary of State

**OFFICER / DIRECTOR RESIGNATION**

FILED STATES  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
66 NOV 20 PM 12:10

I, NORMAN E HOFFMAN, hereby resign as clinical Director  
(Title)

of CHILD FAMILY Center, INC.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

That the corporation has been notified in writing of the resignation.

M. B. Hoffman  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**