

# TRANSMITTAL LETTER

**P96000024492**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 323 4

100001755041  
-03/22/96--01107--017  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: American Comprehensive Healthcare Services, 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 19 PM 2:07

FILED

|                               |           |
|-------------------------------|-----------|
| 567405332                     | ADM.      |
| FIREHANS FUND INSURANCE CO    |           |
| BEHAN, HECKTNER & MILLER      |           |
| Hugh J. Behan                 |           |
| 1130 S DADELAND BLVD STE 1200 |           |
| MIAMI FL                      |           |
| 567405332                     | 0186751EE |

SHARON COSTANZO  
Name (printed or typed)

120 EAST OAKLAND BLVD. Ste. 105  
Address

FT. LAUDERDALE, FL 33334  
City, State & Zip

954-565-8052  
Daytime Telephone number

Called 3-18-96

Mary Behan gave  
Auth to add the  
Corporate suffix.  
3-19-96  
DMC

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

**ARTICLES OF INCORPORATION**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 Comprehensive  
HEALTHCARE SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

120 EAST OAKLAND BLVD. Ste. 105  
Ft. Lauderdale, FL 3334

**ARTICLE III SHARES**

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

ONE THOUSAND  
SHARES

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

LAW OFFICES  
Hugh J. BEHAN  
9130 S. DADELAND  
2 DATRAN CENTER Suite 1200  
Miami, FL. 33156

See instructions for officers/directors

SILVERON COSMANZO  
423 N. RAINBOW DR.  
HOLLYWOOD, FL 33021

MARY BEHAN  
12080 Piccadilly LANE  
DAVIE, FL 33330

13<sup>th</sup> day of MARCH, 19 96

Signature \_\_\_\_\_

Mary Behan  
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

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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: AMERICAN COMPREHENSIVE  
HEALTHCARE SERVICES, INC.

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

LAW OFFICES

Hugh J. BEHAN  
(NAME)

9130 S. DADELAND 2 DA-TRAN CTR. Ste. 1200  
(P.O. Box or Mail Drop 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]  
(SIGNATURE)

3.14.96  
(DATE)