

P96000026689

TRANSMITTAL LETTER

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

SUBJECT: BISCAYNE MILIEU HEALTH 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

200001752552
-03/21/96--01055--002
*****70.00 **** 70.00

FROM: ANTONIO A. MACLI
Name (printed or typed)
13490 SW 62ND STREET
Address
MIAMI, FL 33183
City, State & Zip
(305) 385-5847
Daytime Telephone Number



A Management Service Organization

3400 Coral Way Suite 206 Miami, FL 33145

RECORDED
56 MAR 21 PM 4: 18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

SN MAR 26 1996

ARTICLES OF INCORPORATION

FILED
2016 MAR 21 PM 4:18
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:

BISCAYNE MILIEU HEALTH CENTER, INC.

ARTICLE II PRINCIPLE OFFICE

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

13499 BISCAYNE BLVD, NORTH MIAMI, FL 33181

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:

ANTONIO A. MACLI
13490 SW 62ND STREET
MIAMI, FL 33183

ARTICLE V INCORPORATOR(S)

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

ANTONIO A. MACLI
13490 SW 62ND STREET
MIAMI, FL 33183

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
EIGHTEENTH MARCH
_____ day of _____, 1996.



Signature

----oOo----

Signature

----oOo----

Signature

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.

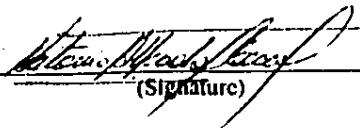
1. The name of the corporation is: BISCAYNE MILIEU HEALTH CENTER, INC.

2. The name and address of the registered agent and office is:
ANTONIO A. MACLI
13490 SW 62ND STREET

(P.O. Box not acceptable)
MIAMI, FL. 33183

(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)

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

TALLAHASSEE, FLORIDA

SEP 21 PM 4:18

10/11/98