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STATE OF FLORIDA SUITE C-100
409 EAST GAINES STREET MIAMI FL 33166- 394- -0000
TALLAHASSEE, FL 32399 CONTACT: LIDIA FERNANDEZ
FAX: (904) 922-4000 PHONE: (305) 599-0839
FAX: (305) 592-9591
(((H96000004817))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: OPTIMAL BEHAVIORAL CARE, INC.
FAX AUDIT NUMBER: H96000004817 CURRENT STATUS: REQUESTED
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ARTICLES OF INCORPORATION

OF

OPTIMAL BEHAVIORAL CARE, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: OPTIMAL BEHAVIORAL CARE, INC.

The principal place of business of this corporation shall be: 9010 S.W. 137th Ave. Ste. #206
Miami, Fl 33186

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 Shares at $1.00 Par Value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Director: Ivonne Vega — 9010 S.W. 137th Ave. Ste. #206
Miami, Fl 33186

S/T: Evelyn Gonzalez — 14756 S.W. 174th St.
Miami, Fl 33187

Prepared by: Ivonne Vega
9010 S.W. 137th Ave. Ste. #206
Miami, Fl 33186
(305) 385-2786

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Ivonne Vega 9010 S.W. 137th AVe. Sto. #206
Miami, Fl 33186

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2 day of 4, 19 96.

Signature(s) of Incorporator(s)

H96000004817

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:** OPTIMAL BEHAVIORAL CARE, INC.

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

Ivonne Vega
(NAME)

9010 S.W. 137th Ave. Ste. #206
(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)

Miami, Fl 33186
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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) 4/2/96 (DATE)

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

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