

TRANSMITTAL LETTER

P96000033538

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

SUBJECT: NEW LIFE HEALTH SERVICES AND COUNSELING CENTER, INC.
(Proposed corporate name - must include suffix)

400000117854184
-04/18/96--01090--1094
****131.25 ****131.25

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

96 APR 17 PM 3:51

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FROM:

Aloysius Odone, Ph.D.
Name (printed or typed)

6175 NW 153rd St. Suite 300 Miami Lake, FL 33014
Address

Miami Lake, Florida 33014
City, State & Zip

305 354-4592
Daytime Telephone number

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

Wale. Mde
RDC
4/18/96



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 12, 1996

ALOYSIUS ODOÑO, PH.D.
6175 NW 153RD STREET
SUITE 300
MIAMI LAKES, FL 33014

SUBJECT: NEW LIFE HEALTH SERVICE AND COUNSELING CENTER, INC.
Ref. Number: W96000007966

We have received your document for NEW LIFE HEALTH SERVICE AND COUNSELING CENTER, INC. and check(s) totaling \$131.25. However, your check(s) and document are being returned for the following:

Please sign and return your check, along with a copy of this letter to ensure your check is properly credited.

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) 487-6933.

Dana Farmer
Document Specialist

Letter Number: 796A00016917

The day time phone # (305) 354-4592

ARTICLES OF INCORPORATION

FILED
96 APR 17 PM 3:51

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:

New Life Health Services and Counseling Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6175 N.W. 153rd Street

Suite 300

MiamiLake, Florida 33014

ARTICLE III SHARES

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

7,500 shares of \$1.00 par value common stock which shall be designated as "Common Shares".

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Aloysius Odon

6175 North West 153rd Street

Suite 300

MiamiLake, Florida 33014

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) ⁹⁵APR 17 PM 3:51

Aloysius Odone
6175 N.W. 153rd Street
Suite 300
Miami Lake 33014

Edward Turner
6175 N.W. 153rd Street
Suite 300
Miami Lake, Florida 33014

Angela Ramnath
6175 N.W. 153rd Street
Suite 300
Miami Lake, Florida 33014

Anganee Pinto
6175 N.W. 153rd Street
Suite 300
Miami Lake, Florida

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

10th day of April, 19 96. I, Aloysius Odone, accept duties and responsibilities as Registered Agent by signature below.
(An additional article must be added if an effective date is requested.)

Aloysius Odone

Signature

Registered Agent, accepting duties.

Edward Turner

Signature

Angela Ramnath

Signature

Notarization is not required

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.

First that New Life Health Services and Counseling Center, Inc. desiring to organize or qualify under the laws of the State of Florida, has name Aloysius Odone, Ph.D. located at 6175 N.W. 153rd Street Miami Lake, Florida, as its Agent to accept service of process in FL.

1. The name of the corporation is: NEW LIFE HEALTH SERVICES & COUNSELING CENTER, INC.

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

Aloysius Odone

(NAME)

6175 NW 153rd Street Suite 300 Miami Lake, FL 33014
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami Lake, Florida 33014
(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.

Aloysius Odone
(SIGNATURE)

April 10, 1996
(DATE)

Acknowledgement signature on Incorporators execution of Articles

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

DIVISION OF CORPORATIONS
APR 17 PM 3:51

P96000033538

18800 NW 2nd Ave
Suite 212
Miami, FL 33169

City/State/Zip

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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 <i>nc</i>
<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

70000222357--5
-06/25/97--01022--015
*****35.00 *****35.00

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 25 PM 1:47

JUN 27 1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 25 PM 1:47

NEW LIFE HEALTH SERVICES AND COUNSELING CENTER, INC.

18800 NORTHWEST 2ND AVENUE; SUITE 212, MIAMI, FL 33169

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit 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 1 & 11

QUALITY HEALTH SERVICES AND COUNSELING CENTER, INC.

ADDRESS: 18800 NORTHWEST 2ND AVENUE, SUITE 212, MIAMI, FL 33169

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: JUNE 6, 1997

FOURTH: Adoption of Amendment(s) (CHECK ONE)

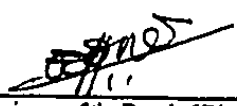
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled 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 6TH day of JUNE, 1997

Signature


(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)

DR. ALOYSIUS ODONO
Typed or printed name

EXECUTIVE DIRECTOR
Title