P96000041508

**CAPITAL CONNECTION, INC.**
417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

No 52602

RE: Adults 4-Children Therapy Centers, 15 Inglis

NAME _____
FIRM _____
ADDRESS _____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

| | C.C. FEE. | DISBURSED |
|---|---|---|
| ✓ Capital Express** | TALLAHASSEE, FLORIDA | |
| ___ Art. of Inc. File | | |
| ___ Corp. Record Search | | |
| ___ Ltd. Partnership File | | |
| ___ Foreign Corp. File | | |
| ✓ ( ) Cert. Copy(s) | | |
| ___ Art. of Amend. File | | |
| ___ Dissolution/Withdrawal | | |
| ___ C U S- | | |
| ___ Fictitious Name File | | |
| ___ Name Reservation | | |
| ___ Annual Report/Reinstatement | | |
| ___ Reg. Agent Service | | |
| ___ Document Filing | | |
| ___ Corporate Kit | | |
| ___ Vehicle Search | | |
| ___ Driving Record | | |
| ___ Document Retrieval | | |
| ___ UCC 1 or 3 File | | |
| ___ UCC 11 Search | | |
| ___ UCC 11 Retrieval | | |
| ___ ___ File No.'s, ___ Copies | | |
| ___ Courier Service ___ | | |
| ___ Shipping/Handling | | |
| ___ Phone ( ) | | |
| ___ Top Priority ___ | | |
| ___ Express Mail Prep. ___ | | |
| ___ FAX ( ) pgs. | | |
| SUBTOTALS ___ | | |

| | |
|---|---|
| FEE | $ |
| DISBURSED | $ |
| SURCHARGE | $ |
| TAX on corporate supplies | $ |
| SUBTOTAL | $ |
| PREPAID | $ |
| BALANCE DUE | $ |
| _____ | $ |

| REQUEST | TAKEN | CONFIRMED | APPROVED |
|---|---|---|---|
| DATE | 5/15/96 | | |
| TIME | 10:00 | | CK No. |
| BY | CD | | |

WALK-IN
Will Pick Up ___ _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

11-2529-7 POINDER'S INC., THOMASVILLE, GA.

ARTICLES OF INCORPORATION

OF

ADULTS & CHILDREN THERAPY CENTERS, INC.

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:

Adults & Children Therapy Centers, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

Adults & Children Therapy Centers, Inc.
P.O. Box 492226
Ft. Lauderdale, FL 33349-2226

## ARTICLE III CAPITAL STOCK

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

1000

## ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

David Cool
3089 N. Oakland Forest Drive, No. 202
Oakland Park, FL 33309

## ARTICLE V INCORPORATOR(S)

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

David Cool
3089 N. Oakland Forest Drive, No. 202
Oakland Park, FL 33309

The undersigned has(have) executed these Articles of Incorporation this 13 day of May, 1996.

David Cool

FILED

96 MAY 16 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION**

**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:

   Adults & Children Therapy Centers, Inc.

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

   David Cool
   3089 N. Oakland Forest Drive, No. 202
   Oakland Park, FL 33309

SIGNATURE _____
David Cool
TITLE: President

DATE: May 13, 1996

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 _____

DATE 5/13/96