# 1201 HAYS STREET TALLAHASSEE, FL 32301-2607 902-0171 914-222-0197 AX

networks

PRESTRUCTURE 0721000	00032
----------------------	-------

REFERENCE: 982899

971.7A

AUTHORIZATION :

9717A

COST LIMIT : \$ 70.00

ORDER DATE: June 11, 1996

ORDER TIME : 10:50 AM

ORDER NO. : 982899

CUSTOMER NO: 9717A

900001858519

CUSTOMER: Ms. Mary Jo Miller

WALTER R. BLAKE, ESQ

Suite 100

1881 University Drive Pompano Beach, FL 33071

•

THE PH 2: 03

DOMESTIC FILING

NAME:

LAKEVIEW MENTAL HEALTH, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS:

10/11/96

DIVISION OF CORPORATION

95 JUN 11, FX 12: 09

#### ARTICLES OF INCORPORATION

OF

#### LAKEVIEW MENTAL HEALTH, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

#### ARTICLE I. NAME

The name of the corporation shall be:

LAKEVIEW MENTAL HEALTH, INC.

The address of the principal office of this corporation shall be 11095 Northwest 17th Place, Coral Springs, Florida 33071, and the mailing address of the corporation shall be the same.

#### ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in 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 maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

#### ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

#### ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The name and address of the initial member of the Board of Directors are:

John DeGaglia Dir 11095 Northwest 17th Place Coral Springs, Florida

#### ARTICLE VII. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

John DeGaglia Pres. 11095 Northwest 17th Place Coral Springs, Florida 33071

Adam DeGaglia V. Pres.

Same

#### ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on June 11, 1996.

CORPORATION SERVICE COMPANY

Its Agent, Laura R. Dunlap

96 JUNET PH 2: 03

### ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

Tra Agent, Laura R Dunlap

GLS/vlp

#### LAW OFFICES WALTERR. BLAKE, P.A. 1881 UNIVERSITY DRIVE, SUITE #100 CORAL SPRINGS, FLORIDA 33071

April 29, 1997

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

900002161809--6 -05/01/97--01060--003 \*\*\*\*\*35.00 \*\*\*\*\*35.00

LAKEVIEW MENTAL HEALTH, INC. RE:

P96000049716

#### Gentlemen:

Please find enclosed a Statement of Change of Registered Office and Registered Agent in reference to Charter No. P96000049716 and a check in the sum of \$35.00 for the filing fee.

Upon completion, please forward proof of change to my office in the enclosed self-addressed stamped envelope.

Thank you.

Sincerely,

WALTER R. BLAKE, ESQ. WALTER R. BLAKE, P.A.

WRB:mjm **Enclosures** 

Charter No	· <u>P96000049716</u>
Date Filed	6/11/96

## STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

sign	suant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the under- ted corporation, organized under the laws of the State of Florida, submits the following statement for purpose of changing its registered office and registered agent in the State of Florida.
1.	The name of the corporation is: LAKEVIEW MENTAL HEALTH, INC.
2.	The name and address of its present registered agent is:
	CORPORATION INFORMATION SERVICES, INC. 1201 Hays Street Tallahassee, Florida 32301
3. 1	The name and street address to which its registered agent is to be changed is:  (P.O. BOX NOT ACCEPTABLE)
	LAKEVIEW MENTAL HEALTH, INC.
	11095 Northwest 17th Place
	Coral Springs, Florida 33071
a 5. S	The street address of its registered office and the street address of the business office of its registered gent, as changed, are identical.  Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.  John DeGaglia, President  (Typed or printed name and title)  Signature  Tohn DeGegigent or Vide President)
	(Typed or printed name and title)  Tohn Dec President or Vice President)
	Date 4-27-97
ABO ACC THEI AND OBL	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE VE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY EPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURRAGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE IGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDATUTES.
Pleas	se Print/Type Name John DeGaglia
Signa	acure X yohn Kle Oaglia
Date	4-67-97 (Agent)

FILING FEE \$35

40.7

CIS 4/92