TRANSMITTAL LETTER

Anchor Community Montal Houlth Contor, Inc.

(Proposed corporate name - must include suffix)

96 AUG 21 ATTOLON

TALLAHASSEE FLORIDA

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

SUBJECT: ___

5000000 1 5550 55 -00/28/96--0106--013 ******78.75 *****78.75

∫ \$70.00 Filing Fae	\$78.75 Filing Fee & Certificate	#122,50 Filing Fee & Cordfied Copy	# \$131.25 Filing Fee, Certified Copy & Certificate
		Additional Cop	y Required
FROM:	Anthony D:	Marco	
	Name	(printed or typed)	······································
	935 Mandal	ay Avenue	
	— 	Address	
	Clearwater	Beach, Fl. 3	4630
		y, State & Zip	1000

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

FILED

ARTICLES OF INCORPORATION

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OF

TÄLLAHASSEELFI ORIDA

ANCHOR COMMUNITY MENTAL HEALTH CENTER, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be ANCHOR COMMUNITY MENTAL HEALTH CENTER, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 309 N. Belcher Road, Clearwater, Fl. 34625

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of one dollar (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Anthony J. Di Marco, 935 Mandalay Avenue, Clearwater Beach. Fl. 34630

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Anthony J. Di Marco, 935 Mandalay Avenue, Clearwater Beach, Fl. 34630

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The names and addresses of the members of the initial Board of Directors and Officers of the corporation are as president, vice-president, secretary and treasurer, Anthony J. Di Marco, 935 Mandalay Avenue, Clearwater Beach, Fl. 34630

> Anthony J. DI Marco, President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607,0501, FLORIDA STATUTES, THEID: OL UNDERSIGNED CORPCRATION, ORGANIZED UNDER THE LAWS OF THE STATE OF UNDERSIGNED CORPCRATION, ORGANIZED OFFICE THE WATER OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED TATE OF FLORIDA

I. The name of the corporation is:	Anchor Community Montal Health Center, Inc.
2. The name and address of the regis	itered agent and office is:
Anthony	Di MArco (NAME)
935 Mand (P.O. Box	Ralay Avenue For Mail Drop Box NOT ACCEPTABLE)
Clearwat	er Beach, Fl. 34630 (CHY/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 32314