

P960000 72747

HAZARDUS CORPORATE INDUSTRIES, INC.

Requestor's Name

1100 S.W. 107 AVENUE SUITE 110
Address

MIAMI, FL 33174 (305) 552-5973
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

SECRET
-03/03/96-01016-023
*****78.75 *****78.75

Office Use Only

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

1. INSTITUTE OF AMBULATORY BEHAVIORAL
(Corporation Name) (Document #)
2. HEALTHCARE, INC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 9:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

TALLAHASSEE, FLORIDA
 96 SEP -3 PM 12:02

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<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

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

RECEIVED
 96 SEP -3 AM 11:23
 DIVISION OF CORPORATION

ARTICLES OF INCORPORATION
OF

1974 001
1950-01-01 11:02
GALLAHUSSEE, FLORIDA

INSTITUTE OF AMBULATORY BEHAVIORAL HEALTHCARE, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

INSTITUTE OF AMBULATORY BEHAVIORAL HEALTHCARE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate name;

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Antonio Wagner
101 Majorca Ave.
Coral Gables, Fl 33134

The Principal office shall be:

101 Majorca Ave.
Coral Gables, Fl 33134

ARTICLE VI

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

Antonio Wagner
101 Majorca Ave.
Coral Gables, Fl 33134

P/VP/S/T

The name and address of the incorporator executing these Articles of Incorporation is:

Antonio Wagner
101 Majorca Ave.
Coral Gables, FL 33134

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 30 day of August, 19 96.

Antonio Wagner

The name of the corporation is: INSTITUTE OF AMBULATORY BEHAVIORAL HEALTHCARE, INC.

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

Antonio Wagner
(NAME)
101 Majorca Ave.
(P.O. BOX NOT ACCEPTABLE)
Coral Gables, FL 33134
(CITY/STATE/ZIP)

FILED
96 SEP - 11 11/12/02
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

Antonio Wagner

DATE 8-30-96