

P96000083089

TRANSMITTAL LETTER

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

SUBJECT: Behavioral Healthcare Center, Inc.
(Proposed corporate name- must include suffix)

FILED
OCT -4 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

(x) \$70.00 () \$78.75 () \$122.50 () \$131.25

300001965433
-10/04/96--01077--004
*****70.00 *****70.00

FROM: Rebecca Cobo
Name (printed or typed)
14874 S.W. 56 TERRACE
Address
MIAMI, FL 33193
City, State & Zip
(305) 408-9604
Daytime Telephone Number

OCT 9 1996 BSB

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

FILED

ARTICLES OF INCORPORATION

96 OCT -4 AM 9:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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:

BEHAVIORAL HEALTHCARE CENTER, INC.

ARTICLE II PRINCIPLE OFFICE

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

14874 S.W. 56 TERRACE, MIAMI, FLORIDA 33193

ARTICLE III SHARES

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

10,000 SHARES IRC SECT. 1244 SMALL BUSINESS STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**REBECCA COBO
14874 S.W. 56 TERR.
MIAMI, FL 33193**

ARTICLE V INCORPORATOR(S)

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

REBECCA COBO
14874 S.W. 56 TERRACE
MIAMI, FL 33193

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
SIXTEENTH SEPTEMBER
_____ day of _____, 1996.



Signature

----oOo----

Signature

----oOo----

Signature

Articles of Incorporation
Filing Fee- \$35

FILED

96 OCT -4 AM 9:03

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

SIGNATURE STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: BEHAVIORAL HEALTHCARE CENTER, INC.

2. The name and address of the registered agent and office is:
REBECCA COBO
14874 S.W. 56 TERRACE
(P.O. Box not acceptable)
MIAMI, FL 33193
(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.

Rebecca Cobo
(Signature)

9-16-96