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TO: DIVISION OF CORPORATIONS (904) 922-4001

FAX #:

FROM: BUSINESS FILINGS

ACCT#:

.105256001620

CONTACT: RICHARD

OSTER

PHONE: (608)365-6009

FAX #:

(203) 852-6756

'NAME: PROGRESSIVE RECOVERY, INC.

AUDIT NUMBER..... H96000016527

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 1

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P. 1



November 22, 1996

BUSINESS PILINGS

SUBJECT: PROGRESSIVE RECOVERY, INC. REF: W96000024806

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## ARTICLES OF INCORPORATION

OF

## PROGRESSIVE RECOVERY, 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 Progressive Recovery, Inc.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1186 Ocean Shore Blvd., Suite 195, Ormond Beach, FL 32176. .

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 2000. The par value of each share of stock is \$.01.

ARTICLE IV

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Richard Oster, C/O Business Filings, 1186 Ocean Shore Blvd., Suite 195, Ormond Beach, FL 32176.

**ARTICLE V** 

**INCORPORATOR** 

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

Richard Oster, 1723 Arrowhead Dr., Beloit WI.

The undersigned incorporator has executed these Articles of Incorporation this 21st day of November, 1996.

The document v. ...s prepared by:

Richard Ster 1723 Anowhead Dr.

Beloit, WI 53511.

608-363-3875

## H96000016527

## CERTIFICATE OF DESIGNATION OF 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 Progressive Recovery, Inc.
- 2. The name and address of the registered agent and office is: Richard Oster, C/O Business Filings, 1186 Ocean Shore Blvd., Suite 195, Ormond Beach, FL 32176.

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

DIVISION OF CHAPORATIONS