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AME: FAMILY ASSISTANCE NETWORK OF DELAND, FLORIDA
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12/5/96

FAMILY ASSISTANCE NETWORK, INC.
101 CORSAIR DRIVE
DAYTONA BEACH, FLORIDA 32114
(904) 248-1250

H96000017051

December 2, 1996

Secretary of State
State of Florida
Corporate Records Bureau
409 East Gains Street
Tallahassee, FL 32314

Re: Use of Corporate Name "Family Assistance Network of Deland, Florida, Inc."

Dear Sir/Madam:

The undersigned is the President and Director of Family Assistance Network, Inc. I am hereby permitting the use of the above referenced corporate name ("Family Assistance Network of Deland, Florida, Inc."). Should you have any questions, please do not hesitate to call me at the above listed number or my attorney, Jose R. Pujols, Esq. at (305) 569-9533.

Very truly yours,



William C. Winters, MD
President and Director
Family Assistance Network, Inc.

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**ARTICLES OF INCORPORATION
OF
FAMILY ASSISTANCE NETWORK OF DELAND, FLORIDA, INC.**

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

**ARTICLE ONE
NAME**

The name of the corporation is **FAMILY ASSISTANCE NETWORK OF DELAND, FLORIDA, INC.**

**ARTICLE TWO
CORPORATE DURATION**

The duration of the corporation is to be perpetual.

**ARTICLE THREE
PURPOSE**

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE FOUR
CAPITALIZATION**

The aggregate number of shares which the corporation is authorized to issue is 10,000 shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

**ARTICLE FIVE
PRINCIPAL OFFICE**

The principal place of business is 101 Corsair Drive, Daytona Beach, Florida 32114 and the mailing address of this corporation is P.O. Box 290849, Port Orange, Florida 32129.

These Articles prepared by:
Jose R. Pujols, Esq. (FBN: 936911)
2701 S.W. LeJeune Road, Suite 401
Coral Gables, Florida 33134
(305) 569-9533

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**ARTICLE SIX
REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the corporation is 101 Corsair Drive, Daytona Beach, Florida 32114, and the name of its initial registered agent at such address, is William C. Winters, M.D.

**ARTICLE SEVEN
DIRECTORS**

The number of directors constituting the initial board of directors of the corporation is Three
(3). The name and address of each person who is to serve as a member of the initial board of directors is:

<u>Name</u>	<u>Address</u>
William C. Winters, M.D.	P.O. Box 290849, Port Orange, FL 32129
Sharon K. Winters, M.D.	P.O. Box 290849, Port Orange, FL 32129
Joy L. Clark	184 Gibson Way, Port Orange, FL 32119

**ARTICLE EIGHT
INCORPORATORS**

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
William C. Winters, M.D.	P.O. Box 290849, Port Orange, FL 32129
Sharon K. Winters, M.D.	P.O. Box 290849, Port Orange, FL 32129
Joy L. Clark	184 Gibson Way, Port Orange, FL 32119

**ARTICLE NINE
INDEMNIFICATION**

This corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law.

**ARTICLE TEN
AMENDMENTS**

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These articles of incorporation may be amended in the manner authorized by law at the time of amendment.

IN WITNESS WHEREOF, the undersigned, being the incorporators of this corporation, make and file these articles of incorporation this 2nd day of December, 1996.


William C. Winters, M.D.


Sharon K. Winters, M.D.


Joy L. Clark

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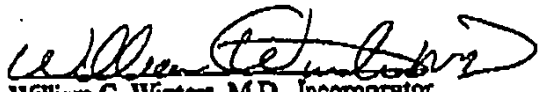
**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 607.0501, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

THAT FAMILY ASSISTANCE NETWORK OF DELAND, FLORIDA, INC., DESIRING
TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS
PRINCIPAL PLACE OF BUSINESS AT:

**101 CORSAIR DRIVE
DAYTONA BEACH, FLORIDA 32114**

HAS NAMED WILLIAM C. WINTERS, M.D., LOCATED AT 101 CORSAIR DRIVE,
DAYTONA BEACH, FLORIDA 32114, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS
WITHIN FLORIDA.


William C. Winters, M.D., Incorporator


Sharon K. Winters, M.D., Incorporator


Joy L. Clark, Incorporator

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION, AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE
TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH THE
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES.

By 
William C. Winters, M. D.

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