

12/05/96

FLORIDA DIVISION OF CORPORATIONS  
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((H96000017052 7))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

JAMB: FAMILY ASSISTANCE NETWORK OF TITUSVILLE, FL

AUDIT NUMBER.....H96000017052

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

CERT. OF STATUS..0

PAGES..... 5

CERT. COPIES.....1

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NUM

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FILED  
96 DEC -5 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

H96000017052

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 Titusville, 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 Titusville, 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, M.D.  
President and Director  
Family Assistance Network, Inc.

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**ARTICLES OF INCORPORATION  
OF  
FAMILY ASSISTANCE NETWORK OF TITUSVILLE, 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 TITUSVILLE, 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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TALLAHASSEE, FLORIDA

**ARTICLE SIX  
REGISTERED OFFICE AND AGENT**

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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**


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

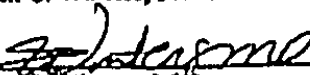
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of amendment.

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**

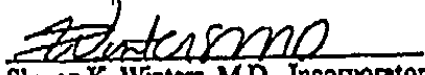
IN COMPLIANCE WITH SECTION 607.0501, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:

THAT FAMILY ASSISTANCE NETWORK OF TITUSVILLE, 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

OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

96 DEC -5 PM 4:30

FILED

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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Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER/ DIRECTOR RESIGNATION

FILED  
97 OCT 17 PM 12:59  
TALLAHASSEE, FLORIDA

I, Sharon K. Winters, hereby resign as Vice-President  
Secretary, Treasurer  
(Title)  
of Family Assistance Network of Titusville, Florida, Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

That the corporation has been notified in writing of the resignation.

[Signature]  
(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314



# P96000098563

*William C. Winters*  
Requestor's Name

*P.O. Box 240844*  
Address

*Port Orange, FL 32129*  
City/State/Zip Phone #

FLORIDA SECRETARY OF STATE  
1001 GULF BLVD., SUITE 100  
TALLAHASSEE, FL 32301  
\*\*\*\*\* 75,100 \*\*\*\*\* 30,000

Office Use Only

*No Return Address*

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

- 1 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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97 OCT 17 PM 1:23  
TALLAHASSEE, FL

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input 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

*O/D resign.*

VS OCT 22 1997

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER/ DIRECTOR RESIGNATION

FILED  
97 OCT 17 PM 1:23  
TALLAHASSEE FLORIDA

I, William C. Winters, hereby resign as President  
(Title)  
of Family Assistance Network of Titusville, Florida, Inc  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

That the corporation has been notified in writing of the resignation.

William C. Winters  
(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314