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EMPIRE CORPORATE KIT

P.02/08

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((H96000017050 1))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY  
CONTACT: RAY STORMONT  
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: FAMILY ASSISTANCE NETWORK OF DAYTONA BEACH,  
AUDIT NUMBER.....H96000017050  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
CERT. OF STATUS..0  
CERT. COPIES.....1

PAGES..... 6  
DEL.METHOD.. FAX  
EST.CHARGE.. \$122.50

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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EMPIRE CORPORATE KIT

P.01/00



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

December 5, 1996

EMPIRE

SUBJECT: FAMILY ASSISTANCE NETWORK OF DAYTONA BEACH, FLORIDA, INC.  
REF: W96000025522

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The corporate name must be identical throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall  
Document Specialist

FAX Aud. #: H96000017050  
Letter Number: 296A00054649

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

**H96 000017050**

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 Daytona Beach, 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 Daytona Beach, 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.

**H96 000017050**

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**ARTICLES OF INCORPORATION  
OF  
FAMILY ASSISTANCE NETWORK OF DAYTONA BEACH, 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 DAYTONA BEACH, 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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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**

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

H96000017050

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**

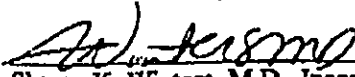
IN COMPLIANCE WITH SECTION 607.0501, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:

THAT FAMILY ASSISTANCE NETWORK OF DAYTONA BEACH, 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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**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:

FLORIDA,  
THAT FAMILY ASSISTANCE NETWORK OF DAYTONA BEACH, 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

FILED  
96 DEC - 6 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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# P-96000099042

Requestor's Name

Atlantic Psychiatric Affiliates  
P.O. Box 290849  
Port Orange, FL 32129

City/State/Zip

Phone #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) (Document)
2. \_\_\_\_\_ (Corporation Name) (Document)
3. \_\_\_\_\_ (Corporation Name) (Document)
4. \_\_\_\_\_ (Corporation Name) (Document)

- ☐ 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	
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<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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VS JUL 30 1997

July 8, 1997

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED

97 JUL 22 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RE: Change of Officers and Directors

Corporation Name: Family Assistance Network of Daytona Beach, Florida, Inc.

I, William C. Winters, the undersigned director of the above named corporation, tender my resignation from Family Assistance Network of Daytona Beach, Florida, Inc., effective July 8, 1997.

I, Sharon K. Winters, the undersigned director of the above named corporation, tender my resignation from Family Assistance Network of Daytona Beach, Florida, Inc., effective July 8, 1997.

Dated: July 19 97

William C. Winters  
Sharon K. Winters

P96000099042

Requestor's Name

Atlantic Psychiatric Affiliates  
P.O. Box 290849  
Port Orange, FL 32129

City/State/Zip

Phone #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document)
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TALLAHASSEE FLORIDA

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<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
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<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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July 8, 1997

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Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RE: Change of Officers and Directors

Corporation Name: Family Assistance Network of Daytona Beach, Florida, Inc.

I, William C. Winters, the undersigned director of the above named corporation tender my resignation from Family Assistance Network of Daytona Beach, Florida, Inc., effective July 8, 1997.

I, Sharon K. Winters, the undersigned director of the above named corporation, tender my resignation from Family Assistance Network of Daytona Beach, Florida, Inc., effective July 8, 1997.

Dated: July 19 97.

William C. Winters  
Sharon K. Winters

# P96000099042

Requestor's Name  
Atlantic Psychiatric Affiliates  
P.O. Box 290849  
Port Orange, FL 32129  
City/State/Zip Phone #

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

1. \_\_\_\_\_ (Corporation Name) (Document #) \_\_\_\_\_
2. \_\_\_\_\_ (Corporation Name) (Document #) \_\_\_\_\_
3. \_\_\_\_\_ (Corporation Name) (Document #) ~~400002243914--1~~  
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- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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<input type="checkbox"/>	Merger

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<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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April 1, 1997

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
97 JUL 22 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RE: Change of Officers and Directors

Corporation Name: Family Assistance Network of Daytona Beach, FL, Inc

I, Joy L. Clark, the undersigned director of the above named corporation, tender my resignation from Family Assistance Network of Daytona Beach, FL, Inc., effective April 1, 1997.

Dated: April 1 19 97

Joy L. Clark.

P96000099042

STRAWN, MONAGHAN & COHEN, P.A.

54 NORTHEAST FOURTH AVENUE  
DELRAY BEACH, FLORIDA 33483  
Attorneys and Counselors

JEFFREY L. COHEN\*  
JOSE L. LORENZO  
TIMOTHY B. MONAGHAN  
ELIZABETH L. STRAWN  
JOEL T. STRAWN

TELEPHONE (561) 278-9400  
TELECOPIER (561) 278-9462

Broward County Medical Association Building  
5101 N.W. 21st Avenue, Suite 440  
Ft. Lauderdale, Florida 33309  
(954) 484-0016

Of Counsel  
TERRY MEEK\*  
\*Board Certified in Health Care Law

P.O. Box 13441  
Tallahassee, Florida 32317-3341  
(904) 893-7821

September 3, 1997

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

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-09/05/97--01054--009  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Family Assistance Network of Daytona Beach,  
Florida, Inc.; Document Number P96000099042

Gentlemen:

I have enclosed a Statement of Change of Registered Office or Registered Agent or Both for Corporations for filing with reference to the captioned corporation. Also enclosed is our check for \$35.00 in payment of the filing fee.

Please return the duplicate copy of the Statement of Change form to our office stamped with the date of filing. I have also enclosed a self-addressed, stamped envelope for your convenience in returning the copy to me.

Very truly yours,

Jose L. Lorenzo

JLL/mk  
Enclosures  
cc: John S. Carbone, D.C.

MA Change  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
97 SEP -5 PM 9 41  
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Florida Department of State, Sandra B. Mortham, Secretary of State

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: FAMILY ASSISTANCE NETWORK OF DAYTONA BEACH, FLORIDA, INC.

2. The mailing address of the corporation is: 221 Osceola Avenue, Daytona Beach, Florida 32114

3. Date of incorporation/qualification: December 6, 1996 Document number: P96000099042

4. The name and address of the current registered agent and office:

William C. Winters, M.D.

101 Corsair Drive

Daytona Beach, FL 32114

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

John S. Carbone, D.C.

221 Osceola Avenue

Daytona Beach, FL 32114

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

8/11/97  
(Date)

John S. Carbone, D.C., President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)  
John S. Carbone, D.C.

8/11/97  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)



9/15/97  
9:29 AM

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

((H97000015197 1))

TO: DIVISION OF CORPORATIONS  
(850) 922-4000

FAX #:

FROM: STRAWN & MONAGHAN, P.A.  
076215000176

ACCT#:

CONTACT: JOEL T. STRAWN OR AUDY R. JOHNSTON  
PHONE: (561) 278-9400  
(561) 278-9462

FAX #:

NAME: FAMILY ASSISTANCE NETWORK OF DAYTONA BEACH,  
AUDIT NUMBER.....H97000015197  
DOC TYPE.....BASIC AMENDMENT  
CERT. OF STATUS..0  
CERT. COPIES.....1

PAGES..... 1  
DEL.METHOD.. FAX  
EST.CHARGE.. \$87.50

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\*\* ENTER 'M' FOR MENU. \*\*

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97 SEP 15 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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97 SEP 15 AM 10:17  
DIVISION OF CORPORATIONS

JOE  
9/15

N/C Amend

B97000015197

ARTICLES OF AMENDMENT  
TO THE  
ARTICLES OF INCORPORATION  
OF  
FAMILY ASSISTANCE NETWORK OF  
DAYTONA BEACH, FLORIDA, INC.

FILED  
97 SEP 15 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The following provision of the Articles of Incorporation of FAMILY ASSISTANCE NETWORK OF DAYTONA BEACH, FLORIDA, INC., a Florida corporation ("Corporation"), filed with the Department of State on December 6, 1996, Charter Number P96000099042 be, and it is hereby, amended as shown below:

Article One of the Articles of Incorporation of this Corporation is amended to read in its entirety as follows:

ARTICLE ONE  
NAME

The name of the Corporation is DAYTONA COUNSELING CENTER, INC.

The foregoing amendment was adopted by a Corporate Action by all the Directors and all the shareholders of this Corporation, dated September 2, 1997.

IN WITNESS WHEREOF, the undersigned, being the President of this Corporation, has executed these Articles of Amendment as of September 3, 1997.

By: 

John S. Carbone, D.C., President

Jeffrey L. Cohen, Esq.  
Florida Bar #703966  
Strawn, Monaghan & Cohen, P.A.  
64 Northeast Fourth Avenue  
Delray Beach, FL 33483  
(561) 278-9400

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