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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

NAME: FAMILY ASSISTANCE NETWORK OF DAYTONA BEACH,

AUDIT NUMBER.....H96000017050

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

CERT. OF STATUS..0

PAGES..... 6

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**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, MD.  
President and Director  
Family Assistance Network, Inc.

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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. LeForno 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**

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 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:

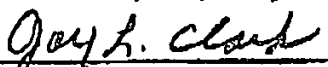
FLORIDA,  
THAT FAMILY ASSISTANCE NETWORK OF DAYTONA BEACH, INC., DESIRING  
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PRINCIPAL PLACE OF BUSINESS AT:

101 CORSAIR DRIVE  
DAYTONA BEACH, FLORIDA 32114

HAS NAMED WILLIAM C. WINTERS, M.D., LOCATED AT 101 CORSAIR DRIVE,  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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By:   
William C. Winters, M.D.

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