

Document Number Only

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CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

The Recovery Center, Inc.

☒ Profit Articles

☐ NonProfit

☐ Limited Liability Co.

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change of R.A.

☐ Fictitious Name Filing

☐ CUS

☐ After 4:30

☒ Pick Up

| |
|----------------|
| Name |
| Availability |
| Document |
| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

7-8-97

97 JUL -8 PM 12:11
DIVISION OF CORPORATIONS

FILED
97 JUL -8 PM 3:56
DIVISION OF CORPORATIONS

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-07/08/97--01066--014
*****70.00 *****70.00

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF
THE RECOVERY CENTER, INC.

FILED
97 JUL -8 PM 3:56
SECRET
TALLAHASSEE
STATE
CLERK

FIRST: THE CORPORATE NAME THAT SATISFIES THE REQUIREMENTS OF
SECTION 607.0401 IS:
THE RECOVERY CENTER, INC.

SECOND: THE ADDRESS OF THE PRINCIPAL OFFICE, AND THE MAILING
ADDRESS OF THE CORPORATION IS:

515 HIGHWAY 1792
HAINES CITY, FL 33844

THIRD: THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO
ISSUE IS: ONE THOUSAND(1,000) COMMON SHARES WITH A PAR VALUE OF ONE
DOLLAR (\$1.00) EACH.

FOURTH: THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE
OF THE CORPORATION IS 515 HIGHWAY 1792, CITY OF HAINES CITY, FLORIDA
33844, AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS
IS DR. JOHN D. CAMPBELL.

FIFTH: THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL
BOARD OF DIRECTORS OF THE CORPORATION IS ONE (1) AND THE NAMES AND
ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE
FIRST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THEIR SUCCESSORS ARE
ELECTED AND SHALL QUALIFY ARE:

DR. JOHN D. CAMPBELL 515 HIGHWAY 1792
HAINES CITY, FL 33844

SIXTH: THE NAME AND ADDRESS OF EACH INCORPORATOR IS:

CONNIE BRYAN 660 E. JEFFERSON STREET
TALLAHASSEE, FL 32301

THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION
THIS 31ST DAY OF MARCH, 1997.

Connie Bryan
CONNIE BRYAN

THE REGISTERED AGENT AS REQUIRED IN SECTION 607.0501 (3) F.S.: DR.
JOHN D. CAMPBELL IS FAMILIAR WITH AND ACCEPTS THE OBLIGATIONS
PROVIDED FOR IN SECTION 607.0505.

DATED MARCH 31, 1997

Dr. J. D. C.
DR. JOHN D. CAMPBELL

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SEC. OF STATE
TALLAHASSEE, FLORIDA