# 997000003735 TRANSMIT ALLETTER

97 JUL 22 PH 1:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

	BEHAVIO	RAL AND MED	ICAL MANAGEM	ENT SYSTEMS	CORPORATION	
SUBJ	ECT:					
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		803 AA	802 West Street			
		Address				
		Wilmii	Wilmington, DE 19801 City, State & Zip			
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		1-800-	1-800-462-4633			
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NOTE: Please provide the original and one copy of the articles.

9N 7-23-97

#### ARTICLES OF INCORPORATION

97 JUL 22 PH 1: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

### BEHAVIORAL AND MEDICAL MANAGEMENT SYSTEMS CORPORATION

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

#### ARTICLE I

The name of the corporation shall be:

## BEHAVIORAL AND MEDICAL MANAGEMENT SYSTEMS CORPORATION

The address of the principle office of this corporation shall

be 111 2nd Avenue N.E., Ste. 705, St. Petersburg, FL 33701.

The corporation shall be the same.

#### ARTICLE II

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territoryor nation.

#### ARTICLE III

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having no par value per share.

#### **ARTICLE IV**

The street address of the initial registered office of the corporation shall be 111 2nd Avenue N.E., Ste. 705, St. Petersburg, FL 33701. and the name of the initial registered agent of the corporation is

#### Sedric Mack

#### ARTICLE V

The corporation is to exist perpetually.

#### ARTICLE VI

Moline Augus

The name and street address of the incorporator to these

Articles of Incorporation:

Caroline Quigley INC. PLAN (USA) 802 West Street Wilmington, DE 19801

The undersigned has executed these articles of Incorporation this 15th day of July, 1997.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is	E BEHAVIORAL AN	D MEDICAL	MANAGEMENT
	SYSTEMS CORPO	RATION	<u> </u>
2. The name and address of the	FILEI  JUL 22 F  JUL 32 F  LAHVSSEA		
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111 2	nđ Ave, N.E., Su	ite 705	53 53
(F	P.O. Box not acceptable)		<del></del>
St. P	eteraburg, FL 3	3701	
	(City/State/Zip)	· · · · · · · · · · · · · · · · · · ·	

Having been named as registered agent and to accept service of process for the above stated comporation at the place designated in this certificate. 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 relating to the proper and complete parformance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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