07626 Requester's Name Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Photocopy Certificate of Status Will wait Mail out **AMENDMENTS NEW FILINGS** ☐ Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent ☐ Limited Liability Dissolution/Withdrawal Domestication Other

☐ Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report JAN 2 6 1999 ☐ Limited Partnership ☐ Fictitious Name Reinstatement ☐ Trademark Other

Examiner's Initials

ARTICLES OF INCORPORATION

FILED

99 JAN 21 PM 3: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

NURSING PSYCHIATRIC SERVICES, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be: NUBSING PSYCHIATRIC SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10960 S.W. 38 Street Miami, FL 33165

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares of common stock, \$1.00 par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bertha P Cardelle 10960 S.W. 38 Street Miami, FL 33165

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Bertha P Cardelle, President 10960 S.W. 38 Street Miami, FL 33165

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7 __day of __January _____, 19_99 _____

Signature PRESIDENT

Signature

Signature

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:	NURSING	PSYCHIATRIC	SERVICES,	INC.	•
2.	The name and address of the reg	istered age	nt and office is:			
	Ве	rtha P Ca	ardelle		99	
		(Name)	•		JAN 2	-1
	10960 s	.W. 38 St	treet	SSE SEE	2	
	(P.O.	Box not acc	ceptable)		P	C
	Mia	mi, FL 33	3165		ي <u>-</u>	
					C 273	

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

(City/State/Zip)

I			
* Betha T. Cardelle	1-7-99		
(Signature) Registered Agent	Date		