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## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 \*\*\*\*\*70.00 Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION OF PROGRESSIVE HEALING CENTERS, INC.



The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation under, F.S. Chapter 607, and other laws of the State of Florida.

#### ARTICLE I. NAME

The name of the corporation is Progressive Healing Centers, Inc.

### ARTICLE II. PRINCIPAL OFFICE

The principal office and mailing address of this corporation are 2041 University Drive, Coral Springs, Florida 33071.

#### ARTICLE III. PURPOSE

The corporation is formed to engage in any activity necessary to sustain its continuity that is permitted and allowed under the laws of the State of Florida and any other governing body.

#### ARTICLE IV. TERM OF EXISTENCE

The corporation shall have perpetual existence starting on the date these articles of incorporation are filed with the Florida Department of State.

## ARTICLE V. CAPITAL STOCK

The capital stock of the professional service corporation shall be 5000 shares of common stock having a par value of \$1.00 per share.

# ARTICLE VI. REGISTERED OFFICE AND AGENT

The address of the initial registered office of this corporation is 1701 W. Hillsboro Boulevard, Suite 103, Deerfield Beach, Florida 33442. The name of the initial registered agent at that address is Gary M. Mills, P.A.

## ARTICLE VII. BOARD OF DIRECTORS

The business of the corporation shall be managed by its board of directors. The initial board of directors shall consist of two (2) members. The name and address of the member of the

first board of directors is:

Name

Address

ANTHONY SANCETTA

6811 N.W. 76th Court, Tamarac, FL 33321

CHRIS J. CAPECE

<sup>200</sup> N.W. 77<sup>th</sup> Ave., Margate, FL 33063

#### ARTICLE VIII. SUBSCRIBERS

The name(s) and address(es) of the person(s) signing these articles of incorporation as subscriber(s) is(are):

Name

Address

ANTHONY SANCETTA

6811 N.W. 76th Court, Tamarac, FL 33321

CHRIS J. CAPECE

200 N.W. 77th Ave., Margate, FL 33063

#### ARTICLE IX. OFFICERS

The name(s) of the officers of the corporation are listed below beside each listed office:

President

Anthony Sancetta

Vice-President

Chris J. Capece

Secretary

Chris J. Capece

Treasurer

Anthony Sancetta

#### ARTICLE X. AMENDMENT

The corporation reserves the right to amend or repeal any provisions in these articles of incorporation in the manner provided by law. Any right conferred on the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber(s) executed these articles of incorporation on February 3, 1999:

Anthony Sancetta

## STATE OF FLORIDA COUNTY OF BROWARD

The foregoing articles of incorporation were acknowledged before me on February 3, 1999, by Anthony Sancetta.

Notary Public

My Commission Expires:

# 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: <u>Progressive Healing Centers, Inc.</u>			# <sup>2</sup> **** .	=-
2.	The name and address of the registered agent and office is:  Gary M. Mills, P.A.	SEURETAK)	99 FEB -3		177
	(Name)  1701 W. Hillsboro Blvd., Suite 103  (P.O. Box <u>not</u> acceptable)	Y OF STATE	PM 1: 32		
	Deerfield Beach, Florida 33442 (City/State/Zip)	· - 21	-	-	

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.

Signature) (Date)