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FILED
99 JUN -1 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Florida Secretary of State
Corporate Division
Post Office Box 6327
Tallahassee, Florida 32314

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*****70.00 *****70.00

RE: Articles of Incorporation of Family Care Center of Marianna, Inc.

Dear Sir or Madam:

I enclose, for recording in your offices, the original and one copy of the Articles of Incorporation of Family Care Center of Marianna, Inc., together with our firm's check number #14647 in the amount of \$70.00 to cover the necessary filing fees.

Please return a file-stamped copy of the Articles of Incorporation to the undersigned at your earliest convenience as evidence of recording.

Please do not hesitate to call should you have questions.

Very truly yours,

JOHNSTON, HINESLEY, FLOWERS & CLENNEY, P.C.

R. Eugene Glenney, Jr.

REC/sb

Enclosure

cc: Randy Eberhart

F. CHESSE

JUN 7 1999

ARTICLES OF INCORPORATION
OF
FAMILY CARE CENTER OF MARIANNA, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME OF CORPORATION: The name of the corporation shall be "Family Care Center of Marianna, Inc."

ARTICLE II

PRINCIPAL PLACE OF BUSINESS, REGISTERED OFFICE AND AGENT: The location of the initial principal place of business, registered office of the corporation shall be 4284 Kelson Avenue, Marianna, Florida 32446, with the mailing address as Post Office box 6136, Marianna, Florida 32447, and the initial registered agent at such address shall be Dr. Angel Luis Rivera.

ARTICLE III

SHARES: The corporation shall be authorized to issue 1,000 common shares having a par value of One Dollar (\$1.00) each.

ARTICLE IV

(A) INCORPORATORS: The names and street addresses of the incorporators are as follows:

NAME	ADDRESS
Dr. Angel Luis Rivera	4284 Kelson Avenue Marianna, Florida 32446
Dr. Michael Anthony Williams	4284 Kelson Avenue Marianna, Florida 32446

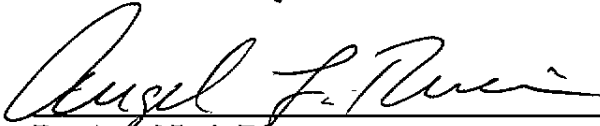
(B) DIRECTORS: The initial board of directors shall consist of two (2) directors, and such number thereafter as may be fixed by the bylaws. The name and address of the person(s) who are to serve as directors until the first annual meeting of the shareholders, or until their successors are elected and qualified, are as follows:

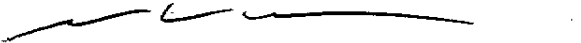
NAME	ADDRESS
Dr. Angel Luis Rivera	4284 Kelson Avenue Marianna, Florida 32446

Dr. Michael Anthony Williams

4284 Kelson Avenue
Marianna, Florida 32446

IN WITNESS WHEREOF, We, the undersigned, have hereunto set our hands and seal and executed these Articles of Incorporation this the 24 day of May, 1999.


Dr. Angel Luis Rivera,
Incorporator


Dr. Michael Anthony Williams,
Incorporator

Prepared By:

R. Eugene Clenney, Jr., Esq.
JOHNSTON, HINESLEY, FLOWERS & CLENNEY, P.C.
Attorneys At Law
Post Office Box 2246
Dothan, Alabama 36302

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
REGISTERED OFFICE**


Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of Florida, submits the following statement designating the registered office and registered agent in Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is **FAMILY CARE CENTER OF MARIANNA, INC.**
2. The street address of the registered office is 4284 Kelson Avenue, Marianna, Florida, 32446.
3. The name of the registered agent at the registered office is Dr. Angel Luis Rivera.

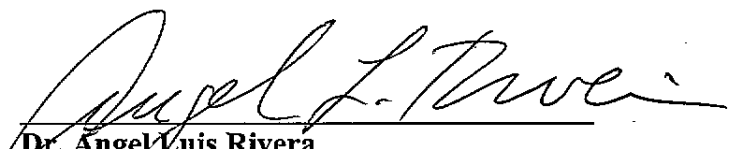
Dated May 24, 1999.

**FAMILY CARE CENTER OF
MARIANNA, INC.**

By: 
Dr. Angel Luis Rivera,
Its President

Having been named as registered agent and to accept service of process for the above-named corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. If 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.

Dated May 24, 1999.


Dr. Angel Luis Rivera