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

1000029169: -06/28/39--010 \*\*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50 Filing Fee,

Filing Fee & Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

275 West Jefferson Street

Brooksville FL 3460 City, State & Zip

800,449,4670 Daytime Telephone number

352.996-9799

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



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 6, 1999

GROWING CENTER COUNSELING, P.A. ANN YOUNG 275 WEST JEFFERSON STREET BROOKSVILLE, FL 34601

SUBJECT: GROWING CENTER COUNSELING, P.A.

Ref. Number: W99000015149

We have received your document for GROWING CENTER COUNSELING, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Letter Number: 699A00034436

Carolyn Batten Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I NAME The name of the corporation shall be: Growing Center Counseling, P. A. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 275 West refferson Street Brooksville, FL 34601 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: one hundred (100) INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: The name and address of the incorporator to these Articles of Incorporation are: 275 West gefferson Street Brooksville, FL. 34601 Signature/Incorporator (An additional article must be added if an effective date is requested.) 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 7.10.99 Date Signature/Registered Agent The purpose of the P.A. Is to provide mental Health Services, such as