

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

SUBJECT: American Comprehensive Health Services, Inc. (Proposed corporate name - must include suffix)

900002947679--4 -08702/99--01112--013 ****131.25 *****87.50

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

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate

□\$122.50

\$131,25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Mary Craycraft-Behan	1.
Name (Printed or typed)	# #
12080 Piccadilly Place	99 AUG
Address	CA
Davie, Florida 33325	SEC AM
City, State & Zip	ORA O
(954) 565-6599	38

Daytime Telephone number

ax 8/9

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:

AMERICAN COMPREHENSIVE HEALTH SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

3025 North Ocean Blvd. Suite 5 Ft. Lauderdale, Florida 33308

ARTICLE III SHARES

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

One thousand Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Hugh Behan, Esq. Venture Corporate Center II Suite 320 200 South Park Road Hollywood, Florida 33021

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Mary Craycraft-Behan 12080 Piccadilly Place Davie, Florida 33325

Mary Carpinell-Lehan
Signature/Incorporator

7/28/99

Date

(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

Signature/Registered Agent

Dote