RONALD L. FRIED
ATTORNEY AT LAW

May 2, [illegible]

H58700

[illegible]ary [illegible] State
[illegible] Division
[illegible] Box 6327
Tallahassee, Florida 32[illegible]

Re: Articles of Incorporation of
Roslyn P. Elenowski, Phd., P.A. 300309942603

Dear Sir:

Enclosed is an original and one copy of the Articles of Incorporation for the above captioned corporation, as well as a check in the amount of $63.00 to cover the incorporation fee.

Please return a certified copy of the Articles of Incorporation to us in the enclosed envelope.

If there are any problems regarding this matter, please call my office. Thank you for your cooperation.

Sincerely,

RONALD L. FRIED

/jmc

Enclosure

Name Availability	MRM 5/22
Document Examiner	[illegible]
Updater	CLD
Update Verifyer	CLD
Acknowledgement	CLD
W.P. Verifyer	CLD

ARTICLES OF INCORPORATION

OF

ROSLYN P. ELENEWSKI, PHD.,P.A.

I, the undersigned, do hereby execute the following Articles of Incorporation for the purpose of forming a professional service corporation under the laws of the State of Florida.

ARTICLE I

The name of this Corporation shall be:

ROSLYN P. ELENEWSKI, PHD.,P.A.

and its initial post office address and its principal office for the conduct of business is:

1320 South Dixie Highway
Suite 860
Coral Gables, Florida 33146

The Board of Directors may from time to time move the principal office of the corporation to any other address in Florida.

ARTICLE II

The general purpose for which the business is organized is the specialized practice of psychology within the State of Florida.

(a) To engage only in every aspect and phase of the business of rendering professional counseling services to the general public and to do all things in connection therewith that are customarily done by licensed psychologists under the laws of the State of Florida and in accordance with Chapter 621, Florida Statutes, "The Professional Service Corporation Act." Provided, however, that such professional services shall be rendered only through officers, employees and agents who are duly licensed under the laws of the State of Florida to practice said profession therein.

(b) To limit the liability of the shareholders of this corporation so that the personal liability of the shareholders of this corporation shall be no greater in any aspect than that of a shareholder-employee of the cor-

poration organized under Chapter 621, Florida Statutes.

(c) To invest the funds of the corporation in real estate, mortgages, stocks, bonds or any type of investment and to own real and personal property necessary for the rendering of professional services.

(d) To do all and everything necessary and proper for the accomplishment of any of the purposes of the attainment of any of the objects of the furtherance of any of the purposes enumerated in these Articles of Incorporation, or any amendment thereof, necessary or incidental to the protection and benefit of the corporation, and in general, either alone or in association with other corporations, firms or individuals, to carry on any lawful pursuit necessary or incidental to the accomplishment of the purposes or the attainment of the objects of the furtherance of such purposes or objects of this corporation to such extent as a corporation organized under Chapter 621, Florida Statutes may now or hereafter lawfully do.

(e) To purchase and acquire at the option of the corporation any and all of its shares owned and held by any such shareholder as he should desire to sell, transfer or otherwise dispose of his shares in accordance with the By-Laws adopted by the shareholders of this corporation setting forth the terms and conditions of such purchase; provided the capital of this corporation is not impaired.

(f) To purchase and acquire, at the option of the corporation, the shares owned and held by any shareholder who dies, in accordance with the By-Laws adopted by the shareholders of this corporation setting forth the terms and conditions of such purchase; provided, however, the capital of this corporation is not impaired.

(g) To enter into, at the option of the corporation, for the benefit of its employees, one or more of the following:

1. A pension plan;

2. A profit sharing plan, if such a plan is not otherwise prohibited by the Code of Ethics of the Profession;

LAW OFFICES OF: RONALD L. FRIED, P.A., 9400 SOUTH DADELAND BOULEVARD, SUITE 425, MIAMI, FLORIDA 33156, (305) 661-0330

4. A stock bonus plan;

5. A thrift and savings plan;

6. A restricted stock option plan, or

7. Any other retirement or incentive compensation plan.

(b) The foregoing paragraphs shall be construed as enumerating the purposes, objects and powers of this corporation, and no recitation, expression or declaration of specific powers or purposes herein enumerated shall be deemed to be exclusive, but it is hereby expressly declared that all other lawful powers not inconsistent herewith are hereby included.

ARTICLE III

The maximum number of shares of stock of this corporation which it is authorized to have outstanding at any one time is five hundred shares of common stock at $1.00 par value. Said stock shall be issued pursuant to a plan under Section 1244 of the Internal Revenue Code of 1954, as amended. Said capital stock shall be non-assessable and shall be payable in lawful money of the United States or in property, other than stock or securities, in lieu thereof, at a just valuation to be fixed by the Board of Directors of this corporation. The minimum capital with which this corporation shall begin business is $1,000. None of the shares of stock of this corporation may be issued to anyone other than an individual duly licensed to practice law in the State of Florida. No shareholder of this corporation shall enter into a voting trust agreement or any other type of agreement vesting in another person the authority to exercise the voting power of any or all of his shares. No shareholder of this corporation may sell or transfer his shares in this corporation except to another individual who is eligible to be a shareholder of this corporation. Such sale or transfer may be made only after the same shall have been approved, at a shareholders' meeting specifically called for that purpose, but not less than a majority of the outstanding shares of stock at such shareholders' meeting, exclusive of the stock proposed to be sold. The shares of

stock held by the shareholder proposing to sell or this shares may not be voted or counted for any purpose at said meeting.

If any shareholder becomes legally disqualified to be a psychologist in the State of Florida or is elected to a public office or accepts employment that places restrictions or limitations upon his continuous rendering of such professional services, such shareholder's shares shall immediately become subject to purchase by this corporation in accordance with the By-Laws adopted by the shareholders.

ARTICLE IV

Before any stock of this corporation is issued or before any transfer of the stock of this corporation shall be registered upon the books of this corporation, as provided in the By-Laws of this corporation, each proposed shareholder shall negotiate and enter into a buy-and-sell agreement with all of the proposed or existing shareholders, as the case may be, providing for the redemption or disposition of his stock in the event his interest in the corporation is terminated for any reason whatsoever. An executed copy of the buy-and-sell agreement shall be filed with the secretary of the corporation and made a part of the records of the corporation.

ARTICLE V

The term for which this corporation shall exist shall be perpetual and the business of this corporation shall be conducted, carried on and managed by the officers of this corporation and a Board of Directors composed of one (1) or more members, which number may be altered from time to time in accordance with the By-Laws adopted by this corporation within the limitations prescribed by law.

The officers of this corporation shall be a President and any other officer as to the Board of Directors may seem expedient. Any two (2) or more offices except President and Secretary may be held by the same person.

Article VI

The names and post office addresses of the original subscribers to these Articles of Incorporation, each of whom is duly licensed under the laws of the State of Florida to render the professional services for which this corporation is created; and the officers and members of the Board of Directors of this corporation, each of whom is duly licensed under the laws of the State of Florida to render the professional services for which this corporation is created, who, subject to the provisions of these Articles of Incorporation, the By-Laws, and the laws of the State of Florida, shall hold office until the first annual meeting of the corporation, or until successors are elected and have qualified are as follows:

ROSLYN P. ELENEWSKI Subscriber Director President Treasurer Vice President Secretary	1320 South Dixie Highway Suite 860 Coral Gables, Florida 33146

ARTICLE VII

At all elections of directors of this corporation, each shareholder shall be entitled to as many votes as shall equal the number of votes which (except for these provisions as to cumulative voting) he would be entitled to cast for the election of directors with respect to his shares of stock, multiplied by the number of directors, or may distribute them among the number to be voted for, or any two or more of them, as he may see fit.

ARTICLE VIII

No contract or other transaction of this corporation with any person, firm or other corporation, in the absence of fraud or wrongdoing, shall be affected or invalidated by the fact that any director of this corporation is a party to or interested in such contract or other transaction or in any way connected with such person, firm or corporation, and each and every person who may become a director of this corporation is hereby relieved from any

liability that might otherwise exist from [illegible] with this corporation for the benefit of himself or any other firm, person or corporation in which he may be in any way interested.

ARTICLE IX

No holder of common stock of this corporation shall have any pre-emptive right to purchase or subscribe to any new issues of any type of stock of the corporation, and no shareholder shall have any pre-emptive right to purchase or to subscribe to any such stock unless so permitted by a majority vote of the Board of Directors of this corporation. "New issues" shall be construed to mean any number of shares of the capital stock of this corporation originally authorized by these Articles of Incorporation of this corporation, but no initially issued, as well as any other shares of any kind subsequently authorized by these Articles of Incorporation or any amendment thereto.

ARTICLE X

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the shareholders, and approved at a shareholders meeting by a majority of the stock entitled to vote thereon, unless all the Directors and all of the shareholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made. All rights of shareholders are subject to this reservation.

ARTICLE XI

It is hereby expressly provided that at the option of the shareholders of this corporation at a duly called meeting, the shareholders shall be given the power and right to elect to take advantage of certain provisions of the Internal Revenue Code which allows for the election of a corporation to be organized and operated under Subchapter S. The shareholders shall further be given the right and option to designate a plan for the issuance of 1244 Stock.

IN WITNESS WHEREOF, the [illegible] Articles of Incorporation have executed these [illegible] day of May, 1985.

ROSLYN P. ELENEWSKI (SEAL)

STATE OF FLORIDA)
)SS
COUNTY OF DADE)

I DO HEREBY CERTIFY that on this day before me, a Notary Public, duly authorized in the State and County above to take acknowledgments, personally appeared before me, ROSLYN P. ELENEWSKI, to me known to be the Sole Subscriber described in and who executed the foregoing Articles of Incorporation, and acknowledged to be before me that he subscribed to said Article of Incorporation.

WITNESS my hand and official seal at Miami, Dade County, Florida this 1st day of May, 1985.

Notary Public, State of Florida at Large

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA
My Commission Expires Aug. 7, 1987

RESIDENT AGENT CERTIFICATE

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE (REGISTERED OFFICE AND PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with the said Act:

That ROSLYN P. ELENEWSKI desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, at the City of Miami, County of Dade, State of Florida, has named RONALD L. FRIED, P.A. located at 9400 South Dadeland Blvd., Suite 425, City of Miami, County of Dade, State of Florida, as its agent to accept service of process within this state; and does designate such agent's address as its registered office within this state.

ACKNOWLEDGMENT:

(Must be signed by designated agent)

Having been named to accept service of process for the above-stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

RONALD L. FRIED, Registered Agent

FILED
1977 JUL 26 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1986

FILED

'86 JUL -3 PM 1:29

Filing Fee of $20 Required - Make Checks Payable to Secretary of State

1 Name and Address of Corporation's Principal Office

H58700 6
ELENEWSKI (ROSLYN P.), PH.D., P.A.
1320 S. DIXIE HWY.
SUITE 860
CORAL GABLES, FL 33146

2 Mailing Address (Complete Only If Different From Principal Office Address)

3 Date Incorporated or Qualified To Do Business in Florida: 05/24/1985

4 Federal Employer Identification Number (FEIN): 59-2341586

5 Date of Last Report

6 Names and Street Addresses of Each Officer and Director as of December 31, 1985

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	4 City and State
ELENEWSKI, ROSLYN P.	P/T/V	1320 S. DIXIE HWY., #860	CORAL GABLES, FL
ELENEWSKI, ROSLYN P.	S/D	1320 S. DIXIE HWY., #860	CORAL GABLES, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

FRIED, RONALD L.
9400 S. DADELAND BLVD.
S-425
MIAMI, FL 33156

8 Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83: FL.

Zip Code 84

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, a Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6)

Signature: [signature] Date: 5/24/86

Typed Name of Signing Officer: Roslyn Elenewski Title: President Telephone Number: 665-1055

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E034 (1-86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT
1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Page Before Making Entries. Type or Print.
Filing Fee of $25 Required — Make Check Payable to Secretary of State

1. Name and Address of Corporation Principal Office

H58700
ELENEWSKI (ROSLYN P.), PH.D., P.A.
1320 S. DIXIE HWY.
SUITE 860
CORAL GABLES, FL 33146

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
05/24/1985	59-2541586	06/03/1986

6. Names and Street Addresses of Each Officer and Director as of December 31, 1986

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (NOT Use Post Office Box Numbers) 3	City and State 4 5
ELENEWSKI, ROSLYN P.	P/T/V	1320 S. DIXIE HWY., #860	CORAL GABLES, FL
ELENEWSKI, ROSLYN P.	S/D	1320 S. DIXIE HWY., #860	CORAL GABLES, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

FRIED, RONALD L.
9400 S. DADELAND BLVD.
S-425
MIAMI, FL 33156

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.047, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent change(s).

10. *See signature restrictions under instructions on reverse side of this form*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6)

Signature	Date
Roslyn P. Elenewski	2-3-87
Typed Name of Signing Officer	**Title** / **Telephone Number**
Roslyn P. Elenewski	President / (305)665-1055

11. *Should you desire a certificate of status check the box.*

CERTIFICATE OF STATUS DESIRED ☐

$5.00 Additional Fee Required for a Certificate of Status

CR2E034 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

14

Read Notes And Instructions on Other Side Before Making Entries

Filing Fee of $25 Required — Make Checks Payable to Secretary of State

1 Name and Address of Corporation Principal Office

H58700
ELENEWSKI (ROSLYN P.), PHD., P.A.
1320 S. DIXIE HWY.
SUITE 860
CORAL GABLES, FL 33146

If above address is incorrect in any way enter the correct address in item 2 include Zip Code

2 Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida 05/24/1985

4 Federal Employer Identification Number (FEIN) 59-2543586

5 Date of Last Report 02/11/1987

6 Names and Street Addresses of Each Officer and Director as of December 31 1987

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers) 3	City and State 4 5
ELENEWSKI, ROSLYN P.	P/T/V	1320 S. DIXIE HWY., #860	CORAL GABLES, FL
ELENEWSKI, ROSLYN P.	S/D	1320 S. DIXIE HWY., #860	CORAL GABLES, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

FRIED, RONALD L.
9400 S. DADELAND BLVD.
S-425
MIAMI, FL 33156

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT use P.O. Box Number) 82

Street Address 2 (Do NOT use P.O. Box Number) 83

City and State 84 FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and agree to the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10 If a foreign corporation, date first transacted business in Florida _____

11. See signature instructions under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer or Director signing must be listed in Block 1)

Signature Roslyn Pass Elenewski Date 2/11/88

Typed Name of Signing Officer or Director: Roslyn Pass Elenewski
Title: President
Telephone Number: (305)665-1055

12. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E034 (1/88)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT
1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DO NOT WRITE IN THIS SPACE

FILED

'89 MAR 28 AM 8:28

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $33 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

ZIP + 4

H58700 6
ELENEWSKI (ROSLYN P.), PHD., P.A.
1320 S. DIXIE HWY.
SUITE 860
CORAL GABLES, FL 33146

2 Enter Change of Address or Designation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If Above Address is Incorrect or Any was, enter the Correct Address in Item 2 Include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida: 05/24/1985

4 Federal Employer Identification Number (FEI): 59-2541586

5 Date of Last Report: 02/29/1988

6 Names and Street Addresses of Each Officer and Director as of December 31, 1988

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
P/T/V	ELENEWSKI, ROSLYN P.	1320 S. DIXIE HWY., #860	CORAL GABLES, FL	
S/D	ELENEWSKI, ROSLYN P.	1320 S. DIXIE HWY., #860	CORAL GABLES, FL	

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

FRIED, RONALD L.
9400 S. DADELAND BLVD.
S-425
MIAMI, FL 33156

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10 If a foreign corporation, date first transacted business in Florida _____

11 See signature restrictions under instructions on reverse side of this form

I (Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report, as Required by Chapter 607 F.S. I (further) Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath (Officer or Director signing must be listed in Block 6.)

Signature: R E Elenewski

Date: 3/2/89

Typed Name of Signing Officer or Director: Roslyn Pass Elenewski

Title: President

Telephone Number: 305-665-1055

12 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E023 (1-89)

ROSLYN PASS ELENEWSKI, PH.D., P.A.
CONSULTING PSYCHOLOGIST

H58700

July 13, 1989

DOMESTIC AMENDMENT	
CERTIFIED COPY	30.00
AMENDMENT	20.00
TOTAL	50.00

Mr. Jim Smith
Secretary of State
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Mr. Smith:

Enclosed are copies of Articles of Amendment to Articles of Incorporation and certification.

Our return address is:

1320 South Dixie Highway
Suite 860
Coral Gables, FL 33146
Telephone: (305)665-1055

Also enclosed is a check for $50.00 to cover the $20.00 filing fee, and the $30.00 fee for a certified copy.

Sincerely,

Roslyn Pass, Ph.D.
Consulting Psychologist

Enclosures: 3

RP:mlm

Name Availability	7-19-89 JP
Document Examiner	JP
Updater	JP
Update Verifyer	JP
Acknowledgement	JP
W. P. Verifyer	JP

Aname 15, J

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

Pursuant to Section 607.187(1), Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: The name of the corporation is:

Roslyn Pass Elenewski, Ph.D., P.A.

SECOND: The following amendment(s) to the articles of incorporation was(were) adopted by the corporation:

The name of the corporation has been changed to:
Roslyn Pass, Ph.D., P.A.

THIRD: The amendment(s) was(were) adopted by the shareholders of the corporation on the 1 day of June, 19 89.

Dated: July 12, 19 89

Roslyn Pass, Ph.D., P.A.
Corporation Name

By R. L. Pass
President or Vice President

By R. L. Pass
Secretary or Assistant Secretary

STATE OF FLORIDA

COUNTY OF Dade

Before me, the undersigned authority, personally appeared
Roslyn Pass, Ph.D.
to me well known to be the person(s) who executed the foregoing articles of amendment to articles of incorporation and acknowledged before me, according to law, that she made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 12th day of July, 19 87.

Barbara Sabeck
Notary Public

My commission expires: Notary Public, State of Florida
My commission Expires Feb. 4, 1991

(SEAL)

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST PROVED

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

1990 APR 23 PM 1:09

TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

H58700 6

ZIP + 4 PRESORT

ROSLYN PASS, PHD., P.A.
1320 S. DIXIE HWY.
SUITE 860
CORAL GABLES, FL 33146-2940

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 05/24/1985

4. FEI Number: 59-2541586

_ FEI Number Applied For
_ FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State 5
1	P/T/V	ELENEWSKI, ROSLYN P.	1320 S. DIXIE HWY., #860	CORAL GABLES, FL
1x				
2	S/D	ELENEWSKI, ROSLYN P.	1320 S. DIXIE HWY., #860	CORAL GABLES, FL
2x				
3				
3x				
4				
4x				
5				
5x				
6				
6x				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

FRIED, RONALD L.
9400 S. DADELAND BLVD.
S-425
MIAMI, FL 33156

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S.

Signature: R. Pass

Date: 4/16/90

Typed Name of Signing Officer or Director: Roslyn Pass, Ph.D.

Title: President

Telephone Number: 305-665-1095

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MAR 19 '91

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation. DOCUMENT #H58700 (6)

ZIP + 4 PRESORT

P95152566

ROSLYN PASS, PHD., P.A.
1320 S. DIXIE HWY.
SUITE 860
CORAL GABLES, FL 33146-2940

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 05/24/1985

4. FEI Number: 59-2541586

FEI Number Applied For ☐

FEI Number Not Applicable ☐

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1	P/T/V	ELENEWSKI, ROSLYN P.	1320 S. DIXIE HWY., #860	CORAL GABLES, FL
1x				
2	S/D	ELENEWSKI, ROSLYN P.	1320 S. DIXIE HWY., #860	CORAL GABLES, FL
2x				
3				
3x				
4				
4x				
5				
5x				
6				
6x				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

FRIED, RONALD L.
9400 S. DADELAND BLVD.
S-425
MIAMI, FL 33156

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL. 85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

CR2E039(1-89)

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE Roslyn Pass DATE _____

Typed Name of Signing Officer or Director: Roslyn Pass

Title: President

Telephone Number Daytime: (305) 665-1055

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
SEC. OF STATE

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation DOCUMENT # H58700 (6)

ROSLYN PASS, PHD., P.A.
1320 S. DIXIE HWY.
SUITE 860
MIAMI FL 33146-2973

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 1.

2. Address to which correspondence concerning this report will be sent

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified in Florida or Effective Date of Foreign Entity 05/24/1985

3a. Date of Last Report: 03/19/1991

4. FEI Number: 59-2541586

FEI Number Applied For

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to make changes on this form.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
1 / 1x	P/T/V	ELENEWSKI, ROSLYN P.	1320 S. DIXIE HWY., #860	CORAL GABLES, FL
2 / 2x	S/D	ELENEWSKI, ROSLYN P.	1320 S. DIXIE HWY., #860	CORAL GABLES, FL
3 / 3x				
4 / 4x				
5 / 5x				
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

FRIED, RONALD L.
9400 S. DADELAND BLVD.
S-425
MIAMI, FL 33156

8. Name and Address of New Registered Agent

81 Name

82 Street Address (DO NOT Use P.O. Box Numbers)

83 Street Address (DO NOT Use P.O. Box Numbers)

84 City FL. | 85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent are hereby changed. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of that position.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes ✓ No

11. I certify that the information indicated on this annual report or supplement annual report is true and accurate and that my signature on this report would have the same legal effect if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 6 or an attachment with an asterisk.

SIGNATURE R Pass DATE 5/9/92

Typed or Printed Name of Signing Officer or Director: ROSLYN PASS

Title: Pres Dent

Telephone Number Daytime: (305) 665-1055

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee. ☐

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation DOCUMENT # H58700 (6)

ROSLYN PASS, PHD., P.A.
1320 S DIXIE HWY STE 860
CORAL GABLES FL 33146-2973

3. 05/24/1985 | 3a. 05/15/1992

4. FEI Number 592541586

FILING FEE $200.00 ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address | 2a. Principal Place of Business

$8.75 Additional Fee Required

$5.00 May Be Added to Fees

$138.75 Supplemental Fee Not Required

9. Name and Address of Current Registered Agent

FRIED, RONALD L.
9400 S. DADELAND BLVD.
S-425
MIAMI FL 33156

10. Name and Address of New Registered Agent

FL

11. SIGNATURE

12. OFFICERS AND DIRECTORS

P/T/V	~~ELENEWSKI, ROSLYN P.~~ 1320 S. DIXIE HWY., #860 CORAL GABLES FL
S/D	~~ELENEWSKI, ROSLYN P.~~ 1320 S. DIXIE HWY., #860 CORAL GABLES FL

13. ADDITIONS/CHANGES

ROSLYN PASS

ROSLYN PASS

14. SIGNATURE [signature] 2/18/93

Print/Type Name of Signing Officer or Director: Roslyn Pass
Title: P/T/V S/D
Daytime Telephone: 305 665 1055

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
94 APR 19 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
ROSLYN PASS, PHD., P.A.

DOCUMENT # H58700 (6)

Mailing Address	Principal Place of Business
1320 S. DIXIE HWY.	1320 S. DIXIE HWY.
SUITE 860	SUITE 860
CORAL GABLES FL 33146	CORAL GABLES FL 33146

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address (21)	2a. Principal Place of Business (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 05/24/1985
3a. Date of Last Report: 03/04/1993
4. FEI Number: 59-2541596 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $136.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIED, RONALD L.
9400 S. DADELAND BLVD.
S-425
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0502, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment (CAPITAL Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/T/V	11 TITLE	
12 NAME	PASS ROSLYN	12 NAME	
13 STREET ADDRESS	1320 S. DIXIE HWY., #860	13 STREET ADDRESS	
14 CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
21 TITLE	S/D	21 TITLE	
22 NAME	PASS ROSLYN	22 NAME	
23 STREET ADDRESS	1320 S. DIXIE HWY., #860	23 STREET ADDRESS	
24 CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/14/94
SIGNATURE AND TYPED OR PRINTED NAME OF ANOTHER OFFICER OR DIRECTOR — Date — Daytime Phone #