P02000063260

TRANSMITTAL LETTER

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

200005621982--5
-05/28/02--01078--025
*****78.75 *****78.75

SUBJECT: Clinical Associates of the Palm Beaches
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ $70.00 Filing Fee	☒ $78.75 Filing Fee & Certificate of Status	☒ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Janet L. Scholle
Name (Printed or typed)

1920 Palm Beach Lakes Blvd. #102
Address

West Palm Beach, Fl. 33409
City, State & Zip

561-683-3371
Daytime Telephone number

FILED
2002 JUN -7 PM 1:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

505
W02-15571

✓ 6/7/02

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

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2002 JUN -7 PM 1:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

May 29, 2002

JANET L. SCHOLLE
1920 PALM BEACH LAKES BLVD. #102
WEST PALM BEACH, FL 33409

SUBJECT: CLINICAL ASSOCIATES OF THE PALM BEACHES
Ref. Number: W02000015571

We have received your document for CLINICAL ASSOCIATES OF THE PALM BEACHES and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 002A00034661

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Clinical Associates of the Palm Beaches P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1920 Palm Beach Lakes Blvd.
West Palm Beach, Fl.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The practice of psychiatry

ARTICLE IV SHARES

The number of shares of stock is:

1,000

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TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Janet Scholle - President
1920 Palm Beach Lakes Blvd. #102
West Palm Beach, Fl.
33409

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Janet L. Scholle
1920 Palm Beach Lakes Blvd. #102
West Palm Beach, Fl. 33409

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Janet L. Scholle (President)
1920 Palm Beach Lakes Blvd.
West Palm Beach, Fl. 33409

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Janet L. Scholle — 5/21/02
Signature/Registered Agent — Date

Janet L. Scholle — 5/21/02
Signature/Incorporator — Date