

P020000063260

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. Schelle
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
1002-15571

✓
6/7/02



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

FILED

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 PA.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling 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

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

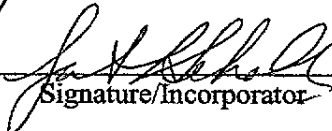
The name and address of the Incorporator is:

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


Signature/Registered Agent

5/21/02
Date


Signature/Incorporator

5/21/02
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA