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

300002168733---7 -05/06/97--01155--004 ****131.25 ****131.25

EFFECTIVE DATE

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

Filing Fee

& Certified Copy

🖾 \$131.25

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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

-111 5/9/07

ARTICLES OF INCORPORATION

EFFECTIVE WAYE 5-2-97

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: Transitions: Medical Psychology Services, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

2241 S. Sherman Circle, Suite C-316 Miramar, Florida 33025

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Betsy A. Tobias 2241 S. Sherman Circle, Suite C-316 Miramar, Florida 33025

ARTICLE V INCORPORATOR

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

Betsy A. Tobias 2241 S. Sherman Circle, Suite C-316 Miramar, Florida 33025

Signature/Incorporator Betsy A. Tobias

5-1-97 Date

ARTICLE VI EFFECTIVE DATE

The effective date is May 2, 1997.

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 Betsy A. Tobias

5-1-97 Date