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TALLAHASSEE, FLORIDA

MRS/22

COVER LETTER

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

SUBJECT: Association of Physician Assistants in Psychiatry, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED
FROM:	Susan Easter Name (Pri	nted or typed)	
	APAP, PO Box 1	7824 Idress	_
	Tampa, FL 33682	2 tate & Zip	_
	813-988-7795	Sphore number	

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

E-mail address: (to be used for future annual report notification)

apap@focus-ed.net

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I

NAME

RTICLE II	PRINCIPAL OFFICE Principal street address 11700 N 58th Street, Suite B		Mailing address, if different is: PO Box 17824
	Temple Terrace, FL 33617		Tampa, FL 33682
	.TEMP16_16.(1808; 1_L_JJV.)/	•	тапра, FC 33002
RTICLE III	PURPOSE		- 11 st.
e nurnose for w	high the corporation is organized is: To prese	ent, calle	ect, organize information that uses of physician assistants who is organized exclusively for charity rations that qualify as exempled, or the corresponding section tax code. Tox code. Tox code.
to define	tormate the unique profession	rad SKill	s of physician assistants with
is a in the	field of asychiatry, Said organ	nization i	s organized exclusively to chemis
c Includiv	ig the marking of distributions T	o organi	zations that quality dingsection
tions und	er Section 501613) of the Interne	u kevenn	1 tax code.
RTICLE IV	MANNER OF ELECTION The manner in v	which the direct	ors are elected and appointed:
D:			
RTICLE V	INITIAL OFFICERS AND/OR DIRECTOR itle: Catherine Judd, President		Na Supan Easter Executive Director
Address:	Parkland Health System		
Addless.	5201Harry Hines Blvd.	Audiess.	Temple Terrace, FL 33617
	Dallas, TX 75235		
	•		- M: 1 11 P 11 /P
	tle: Jay Somers, Vice-President	Name and Ti	tle: Michelle Buller/D
Address:	3315 E Russell Road, Suite A-4, #410	Address:	8300 Hollynn Lane, #10 Lincoln, NE 68512
	Las Vegas, NV 89120	•	LINCOIN, NE 08512
		•	· · · · · · · · · · · · · · · · · · ·
Name and Ti	tle: Travis Waters, Secretary/Treasurer/	Name and Ti	tle:
Address:	35 Tanner Pkwy	Address:	
	Canon City, CO 81212		
RTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of	the registered a	gent is:
Name:	Susan Easter		<u> </u>
Address:	11700 N 58th Street, Suite B		SECRETARY SECRETARY
	Temple Terrace, FL 33617	•	A P
			2 Z Z
RTICLE VII	INCORPORATOR		Sizy _ M
·	Iress of the Incorporator is:		
Name:	Susan Easter		FIS R
Address:	11700 N 58th Street, Suite B		SE S
	Temple Terrace, FL 33617		8E 5
			P
avina kaan nam	ad as magistaned against to account samiles of process	s for the abov	e stated corporation at the place designated in this
	miliar with and accept the appointment as registere		
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\sim	(Catal		0/12/11
	Required Signature of Registered Agent		Date Date
	required digitality of registered regult		Date
			that any false information submitted in a document
the Department	of State constitutes a third degree felony as provide	d for in s.817.	155, F.S.
	/ ×O.1		- / /
	Susan (Esta)		9/10/11
	Required Signature of Incorporator		