

OFFICE USE ONLY

**POWER OF ATTORNEY**

**PEARUS CORPORATE FILING SERVICE, INC.**  
 (Requestor's Name)  
 3320 S.W. 87th AVENUE  
 (Address)  
 MIAMI, FLORIDA (305) 552-5973  
 (City, State, Zip) (Phone #)  
 LOCAL REPRESENTATIVE TALLAHASSEE

800003139448--1  
 -02/18/00--01051--018  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75  
 OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

- INSTITUTE FOR PSYCHIATRIC/BEHAVIORAL  
 (Corporation Name) (Document #)
- THERAPY, INC.  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in     Pick up time 2:00     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

00FEB 18 PM 12:32  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**FILED**

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

00FEB 18 AM 11:11  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**RECEIVED**

*Handwritten signature/initials*

Examiner's Initials

**ARTICLES OF INCORPORATION**

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the corporation shall be:

Institute For Psychiatric / Behavioral Therapy,  
Inc.

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

8005 N.W. 8 St., B-119  
MIAMI, FL 33126  
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TALLAHASSEE FLORIDA

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**ARTICLE III - SHARES**

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

4000 AT \$1.00 PER

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

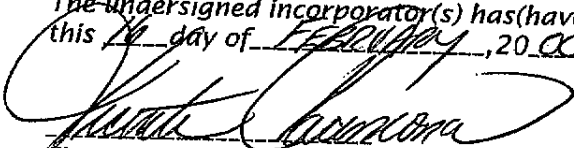
Vicente Carmona  
8005 N.W. 8 St., B-119  
MIAMI, FL 33126

ARTICLE V - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

• Vicente Carrmona, 8005 N.W. 8 St. # B-119, Miami, FL 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 14 day of FEBRUARY, 2000

  
Signature

Signature

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Vicente Carrmona  
8005 N.W. 8 St. # B-119, Miami, FL 33126

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
REGISTERED AGENT