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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

GEORGE SCHULZ, PH.D., AND ASSOCIATES, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION**  
**OF**  
**GEORGE SCHULZ, Ph.D., AND ASSOCIATES, P.A.**

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 is:  
**GEORGE SCHULZ, Ph.D., AND ASSOCIATES, P.A.**

**ARTICLE II**

**PRINCIPAL OFFICE:** The principal place of business and mailing address of this corporation shall be:

2020 Winter Springs Boulevard  
Oviedo, Florida 32765

The purpose of this corporation is a psychologist office to provide counseling services.

**ARTICLE III**

**SHARES:** The number of shares of stock that this corporation is authorized to have outstanding at any one time is One Hundred (100) shares.

**ARTICLE IV**

**INITIAL REGISTERED AGENT AND STREET ADDRESS:** The name and address of the initial registered agent is:

GEORGE SCHULZ  
2020 Winter Springs Boulevard  
Oviedo, Florida 32765

**ARTICLE V**

**INCORPORATOR:** The name and street address of the incorporator to these Articles of  
Incorporation is:

**GEORGE SCHULZ**  
2020 Winter Springs Boulevard  
Oviedo, Florida 32765

The undersigned incorporator has executed these Articles of Incorporation this 8th day of  
December, 2000.

  
\_\_\_\_\_  
**GEORGE SCHULZ**

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

**GEORGE SCHULZ, Ph.D., AND ASSOCIATES, P.A.**

2. The name and address of the registered agent and office is:

**GEORGE SCHULZ**  
2020 Winter Springs Boulevard  
Oviedo, Florida 32765

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.

  
\_\_\_\_\_  
**GEORGE SCHULZ**

**Date: December 8, 2000**

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