

AUG -28' 01 (TUE) 15:59 INSURANCE

TEL:3053720836

P. 001

Division of Corporations

Page 1 of 2

P010000085361

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000093639 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0301

From:

Account Name : RITTER, RITTER & ZARETSKY
Account Number : I20010000015
Phone : (305)372-0933
Fax Number : (305)372-0836

01 AUG 29 2001
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

JOAN MUIR-MALCOLM, Ph.D.,P.A.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

**ARTICLES OF INCORPORATION
OF
JOAN MUIR-MALCOLM, PH.D., P.A.**

I, the undersigned incorporator, for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopts the following Articles of Incorporation:

**ARTICLE I
NAME**

The name of this corporation shall be:
JOAN MUIR-MALCOLM, PH.D., P.A.

**ARTICLE II
PURPOSE**

This purpose of this corporation shall be to engage in professional psychology practice, as permitted under the laws of the United States and of the State of Florida and any other jurisdiction wherein it may conduct business.

**ARTICLE III
STOCK**

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

Maximum Number of Shares:	1,000
Par Value Per Share:	No Par

The stock of the corporation shall be small business stock under Section 1244 of the Internal Revenue Code.

**ARTICLE IV
INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Joan Muir-Malcolm, Ph.D.
16797 N.W. 20th Street
Pembroke Pines, FL 33028

**ARTICLE V
PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal office and mailing address of the corporation shall be:
16797 N.W. 20th Street
Pembroke Pines, FL 33028

01 AUG 29 AM 10:29
SECRETARY OF STATE
DIVISION OF CORPORATIONS

((C4010000936392)))

((C H010000936392)))

3 of 4

**ARTICLE V
BOARD OF DIRECTORS**

This corporation shall have one (1) director initially. The name and street address of the initial director shall be:

Joan Muir-Malcolm, Ph.D.
16797 N.W. 20th Street
Pembroke Pines, FL 33028

The director and officers shall hold office until the first annual meeting of the shareholders or until their successors shall be duly elected or appointed and qualified.

**ARTICLE VI
OFFICERS**

The name, title and address of the officers of this corporation shall be:

Joan Muir-Malcolm, Ph.D.
16797 N.W. 20th Street
Pembroke Pines, FL 33028

President, Secretary,
and Treasurer

**ARTICLE VII
INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation shall be:

Joan Muir-Malcolm, Ph.D.
16797 N.W. 20th Street
Pembroke Pines, FL 33028

I, THE UNDERSIGNED, have executed these Articles of Incorporation this 28th day of August, 2001.

Joan Muir-Malcolm, Ph.D.
Joan Muir-Malcolm, Ph.D.
Incorporator

((C H010000936392)))

AUG. -28' 01 (TUE) 16:00 INSURANCE

TEL:3053720836

P. 004

(((H 0 1 0 0 0 0 9 3 6 3 9 2)))

4 of 4

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

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in the Articles of Incorporation, 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.

Joan Muir-Malcolm, Ph.D.
Joan Muir-Malcolm, Ph.D.

01 AUG 29 AM 10:29
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(((H 0 1 0 0 0 0 9 3 6 3 9 2)))