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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.  
Account Number : I19990000058  
Phone : (954) 753-6042  
Fax Number : (954) 753-1123

FLORIDA PROFIT CORPORATION OR P.A.

PSYCARE OF FLORIDA, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION  
OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

NAME

The name of the corporation shall be:  
Psycare Of Florida, Inc.

ARTICLE TWO

PRINCIPAL OFFICE

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

150 SE 25<sup>th</sup> Road Suite 11A  
Miami, FL 33129

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.  
9690 W. Sample Road SUITE 202  
CORAL SPRINGS, FL 33065  
(954) 753-2222

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ARTICLE THREE  
CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:  
Alejandro Menendez  
150 SE 25<sup>th</sup> Road Suite 11A  
Miami, Fl 33129

ARTICLE FIVE


INCORPORATOR

The name and address of the Incorporator is:  
Alejandro Menendez  
150 SE 25<sup>th</sup> Road Suite 11A  
Miami, FL 33129

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The undersigned has executed these Articles of  
Incorporation. This 25<sup>th</sup> day of September.


Signature:   
Date: 9-28-01

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida  
Statutes, the Undersigned Corporation, under the Laws of the  
State of Florida submits to the following statement  
designating the registered agent in the State of Florida.

1. The name of the corporation is:  
    Psycare Of Florida, Inc.

2. The name and address of the registered agent  
    Alejandro Menendez  
    150 SE 25<sup>th</sup> Road Suite 112  
    Miami, FL 33129

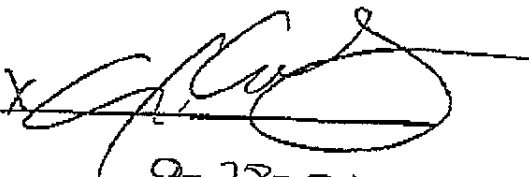
Signature: 

Date: 9-28-01

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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: X   
Date: 9-28-01

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