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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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FLORIDA PROFTT CORPORATION OR P.A.

TERRI BEERS, M.D., P.A.

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TALLAHASSEE, FLORIDA

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# ARTICLES OF INCORPORATION

OF

Terri Beers, M. D., P.A.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I

The name of this corporation shall be:

Terri Beers, M.D., P.A.

## ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

## ARTICLE III

The principal place of business of this corporation is:

1 Century Lane  
Miami Bch., FL 33139

## ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business. To Incorporate to treat people

with physiological problems and Behavioral problems.

## ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$ 1.00

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Max A. Adams  
One Alhambra Plaza Suite 5  
Coral Gables, FL 33134

#### ARTICLE VII

The name and address of the initial board of director( s) shall be:

Terri Beers  
1 Century Lane #309  
Miami Beach, FL 33139

#### ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Terri Beers  
1 Century Lane  
Miami Beach, FL 33139

The undersigned has executed these Articles of Incorporation this 6<sup>th</sup>  
day of October 2001.

  
\_\_\_\_\_  
INCORPORATOR

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

Terri Beers, M.D., P.A.  
(Name of Corporation)

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.



\_\_\_\_\_  
REGISTERED AGENT

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