POIOO 11500

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JOHN D. SPEAR
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November 28, 2001

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 -12/03/01--01029--011 *****78.75 *****78.75

RE: SHELDON WEINER, MD, P.A.

Dear Sir or Madam:

Enclosed are two originals of the Articles of Incorporation for the above-named proposed Florida corporation. Also enclosed is our check in the amount of \$78.75 representing payment of the following:

Filing Fee	\$ 35.00
Certified Copy of the Articles Registered Agent Designation	8.75
	_35.00
	\$ 78.75

Please file the enclosed Articles of Incorporation and return a certified copy to the undersigned.

Thank you for your assistance in this matter.

Sincerely,

LAW OFFICES OF JOHN D. SPEAR

James K. Kerr, Esquire

JEK/cam Enclosures

cc: Sheldon Weiner

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ARTICLES OF INCORPORATION

OF

SHELDON WEINER, MD, PA A PROFESSIONAL CORPORATION

The undersigned, being duly licensed to practice psychiatry medicine in the State of Florida, desires to form a professional corporation in accordance with Chapter 607 and Chapter 621 of the Florida Statutes and the Florida Professional Service Corporation Act, and adopts the following Articles of Incorporation:

ARTICLE I - NAME

The name of the Corporation is Sheldon Weiner, MD, P.A.

ARTICLE II. REGISTERED OFFICE AND AGENT AND PRINCIPAL OFFICE

The location and address of the Corporation's initial registered office in Florida and the Corporation's principal office is 501 Goodlette Road North, Suite C-104, Naples, Collier County, Florida 34102. The initial registered agent at the registered office is Sheldon Weiner.

ARTICLE III. PURPOSE

The purpose for which the Corporation is organized shall be to engage in the practice of psychiatry medicine within the State of Florida, and to take all actions that are necessary or proper in connection with that practice.

ARTICLE IV. DURATION

The term of existence of the Corporation is perpetual.

ARTICLE V. PROFESSIONAL SERVICES

The professional services of the Corporation shall be rendered only through officers, employees, and agents who are duly licensed or otherwise legally authorized to practice psychiatry medicine within the State of Florida. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this Corporation, acting through its duly elected officers. This provision shall not be applicable to the extent it is in conflict with the law or the professional rules of the practice of psychiatry medicine.

ARTICLE VI - INCORPORATOR

The name and post office address of the incorporator is:

Sheldon Weiner 9210 Hollow Pine Drive Bonita Springs, FL 34135.

ARTICLE VII. DIRECTOR

The Board of Directors shall consist of one (1) member. The name and address of the Director is:

Sheldon Weiner 9210 Hollow Pine Drive Bonita Springs, FL 34135.

ARTICLE VIII. CAPITAL STOCK

The number of shares of stock that the Corporation is authorized to have outstanding is 100, all of which shall be common shares with a par value of \$1.00.

ARTICLE IX. STATED CAPITAL

The amount of capital with which the Corporation shall begin business is \$1,000.00.

ARTICLE X. AMENDMENT OF ARTICLES

The Corporation reserves the right to amend these Articles of Incorporation at any time in a manner now or subsequently permitted by Statute. Any change authorized by the holders of shares entitling them to exercise a majority of the voting power of the Corporation, or any greater number that may then be required by Statute, shall be binding and conclusive on every shareholder of the Corporation as fully as if each shareholder had voted for the change. No shareholder, notwithstanding that he or she may have voted against the amendment or may have objected in writing, shall be entitled to payment of the fair cash value of is or her shares or any other rights of a dissenting shareholder.

IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the foregoing Articles of Incorporation on this day of November, 2001.

SHELDON WEINER,

Incorporator

STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me this 2 4 day of November, 2001, by SHELDON WEINER, who is personally known to me or has produced Ouver Leven as identification.

Signature of Notary Public

e #ARLOTTE A. MARTIN
Printed Name of Notary Public

Commission Expires:

CHARLOTTE A. MARTIN MY COMMISSION # CC 733149 EXPIRES: April 12, 2002 Ided Thru Notzry Public Underwriters CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS SHALL BE SERVED.

In compliance with Section 48.091, Florida Statutes, the following is submitted:

That SHELDON WEINER, MD, PA, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at Collier County, State of Florida, has named SHELDON WEINER as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above-named Corporation, at the place designated in this Certificate, the undersigned agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the designated office open.

SHELDON WEINER, REGISTERED AGENT

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SECRETARY OF STATE
AN LAHASSEE, FLORIDA