

Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Gulfcoast Geriatric & Adult Behavioral Medicine Serv

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

SMITH DEC 20 2001

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Gulfcoast Geriatric & Adult Behavioral Medicine Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

Gulfcoast Geriatric & Adult Behavioral Medicine Services Inc.
423 W. Vine Street
Kissimmee, FL 34741

ARTICLE III SHARES

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

1000 Shares at \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Azfar H. Syed
423 W. Vine Street
Kissimmee, FL 34741

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Prepared By:

Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Abdul Nadeem M.D.
423 W. Vine Street
Kissimmee, FL 34741**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20th day of December 2001.

Abdul Nadeem
Abdul Nadeem M.D. - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Gulfoast Geriatric & Adult Behavioral Medicine Services Inc.

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

Azfar H. Syed

Name

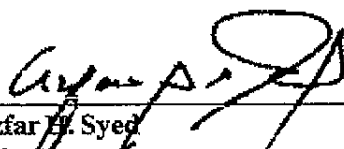
423 W. Vine Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Kissimmee, FL 34741

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Azfar H. Syed
SIGNATURE

December 20th, 2001
(Date)

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