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JANUARY 2, 2002
~~SEPTEMBER 24, 2001~~

Department of State, Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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-01/04/02--01021--004
*****78.75 *****78.75


Re: ROBIN L. SCHUPPER, PSY.D.,P.A.

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of Robin L. Schupper, Psy.D.,P.A. Also enclosed is a check in the amount of ~~\$70.00~~ as the appropriate filing fee. *Please send a certified copy when available.* 78.75

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,


Robin L. Schupper
7693 Thornlee Drive, Lake Worth, FL 33467

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN -4 AM 7:12

F. CHESSER JAN 8 2001

ARTICLES OF INCORPORATION
OF
ROBIN L. SCHUPPER, PSY.D.,P.A.

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
02 JAN -4 AM 7:12

ARTICLE I

The name of the Corporation is Robin L. Schupper, Psy.D.,P.A.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 7693 Thornlee Drive, Lake Worth, FL 33467.

ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 1,000 shares of common stock with no par value.

ARTICLE IV

The address of the initial registered office of the Corporation is 7693 Thornlee Drive, Lake Worth, Florida 33467, and the name of the Corporation's initial registered agent for service of process at such address is Robin L. Schupper.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is:
Robin L. Schupper, 7693 Thornlee Drive, Lake Worth, FL 33467.

IN WITNESS WHEREOF, I have hereunto set my hand this 2 day of

January, 2002


Robin L. Schupper
7693 Thornlee Drive, Lake Worth, FL 33467

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Robin L. Schupper, Psy.D.,P.A.
2. The name of the registered agent and office is:

Robin L. Schupper
7693 Thornlee Drive, Lake Worth, Florida 33467

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 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 _____

DATE _____

Robin L. Schupper
1/2/02

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN -4 AM 7:12