

TRANSMITTAL LETTER

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FILED
(02 JUN 27 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/28/02--01014--004
*****70.00 *****70.00

Department of State

Division of Corporations

P.O. Box 6327
Tallahassee, FL 32314

SUBJECT:

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$70.00

FROM:

Marion Psychiatric Associates, Inc.
Sylvester Ajufo
2131 SW 22nd Place, Suite 202
Ocala, FL 34474

201
SEA-

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

OF

MARION PSYCHIATRIC ASSOCIATES, INC.

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: Marion Psychiatric Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2131 SW 22nd Place Suite ~~202~~ 201
Ocala, FL. 34474

ARTICLE III PURPOSE OF CORPORATION

The purpose of this corporation is to establish a medical service practice in the state of Florida.

ARTICLE IV SHARES

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

1000 Shares

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

Sylvester Ajufo
2131 SW 22nd Place, Suite ~~202~~ 201
Ocala, FL. 34474

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ARTICLE VI INCORPORATOR(S)

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

Sylvester Ajufo
2131 SW 22nd Place, Suite ~~202~~ 201
Ocala, FL 34474

The undersigned incorporator has executed these Articles of Incorporation this 26th day of June, 2002



Signature

Article of Incorporation

Filing Fee - \$35

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 statements in designating the registered office/registered agent, in the state of Florida

1. The name of the corporation is:

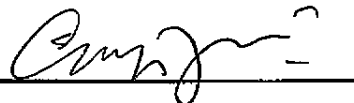
Marion Psychiatric Associates, Inc.

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

Sylvester Ajufo
2131 SW 22nd Place, Suite ~~202~~ 201
Ocala, FL. 34474

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

06-26-02

REGISTERED AGENT FILING FEE \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314