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LAZARUS CORPORATE FILI	NG SERVICE			
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CORPORATION NAME(S) & D	OCUMENT NUMI	BER(S) (if known):	IZ: 09 TATE ORIDA	
1. DORA ZAITI	MAN, PS	Y. D. C. A.	<u>,</u>	
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# ARTICLES OF INCORPORATION OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

#### ARTICLE I NAME

The name of the corporation shall be:

DORA ZAITMAN, Psy. D., P. A.

#### ARTICLE II PRINCIPAL OFFICE

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

12251 S.W. 2Nd STREET Miami, Florida 33184

ARTICLE III PURPOSE

The purpose of this corporation shall be:

Practice of Psychology

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is:

100

#### ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DORA ZAITMAN, PSY.D. 12251 SW. 2MA STREET MIAMI, Florida 33184

## ARTICLE VI BOARD OF DIRECTOR(S)

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

DORA ZAITMAN 12251 S.W. 2nd Storet Miami, Florida 33184 PRESIDENT

#### ARTICLE VII OFFICER(S)

The name, title and address of the officer(s) of this corporation shall be:

DORA ZAITMAN PRESIDENT 12251 S.W. ZNd STREET MIAMI, Florida 33184

### ARTICLE VIII INCORPORATOR(S)

The name and address of the incoporator(s) to these Articles of Incorporation shall be:

DORA ZAITMAN PRESIDENT 12251 S.W. 2nd Street Miami, Florida 33184

The undersigned has (have) executed these Articles of Incorporation this 10 day of 3v/y, 20 0 z.

incorporator Signature

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

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 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 SIGNATURE

O2 JUL 11 PM 12: 08
SECRETARY OF STATE
TAILAHASSEE, FLORIDA