

P03000013407

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 673-0347  
Fax Number : (305) 532-0738

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FLORIDA PROFIT CORPORATION OR P.A.

Agresti Psychiatric Consults, P.A.

|                       |         |
|-----------------------|---------|
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be :

Agresti Psychiatric Consults, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is :

2151 45th Street, Suite 207

West Palm Beach , Florida 33407

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in Psychiatric Consultions.

### ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$.10

### ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

Director :

Mark G. Agresti, M.D.

2151 45th Street, Suite 207

West Palm Beach , Florida 33407

Director :

Debra L. Agresti

2151 45th Street, Suite 207

West Palm Beach , Florida 33407

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PAGE 2 Agresti Psychiatric Consults, P.A.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

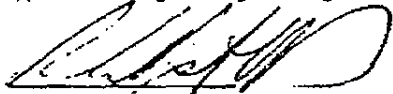
Mark G. Agresti, M.D.  
2151 45th Street, Suite 207  
West Palm Beach , Florida 33407

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

Mark G. Agresti, M.D.  
2151 45th Street, Suite 207  
West Palm Beach , Florida 33407

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature / Registered Agent

2/4/03  
Date



Signature/Incorporator

2/4/03  
Date

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