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#### CORPORATION(S) NAME

Patricia	M. Ha	rtoch 7	34.D.,	Inc.
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	•.	<u> </u>		
	<del> </del>	<del>,</del>		
Profit	,	) A	,	N. S. Marrian
( ) NonProfit		) Amendment		) Merger
( ) Foreign	(	) Dissolution	(	) Mark
( ) Limited Partnership	(	) Annual Report	(	) Other
( ) Reinstatement	(	) Reservation	(	) Change of Registered Agent
Certified Copy	(	) Photo Copies	(	) Certificate Under Seal
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( Toll Free: 1-800-432-3028

#### ARTICLES OF INCORPORATION

of PATRICIA M. Hartnett Psy. D. INCa (name of corporation) The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida. ARTICLE I - CORPORATE NAME The name of the corporation is: PATRICIA M. Harrnett Psy. D. INC. ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws or United States and the State of Florida. ARTICLE IV- CAPITAL STOCK shares (10) of five The corporation is authorized to issue \_\_\_\_\_\_ shares ( 10 ) of \_\_\_\_\_\_ five Dollar(s) (\$ \_\_\_\_\_\_\_\_) par value Common Stock, which shall be designated "Common Shares". ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: NAME ADDRESS Ft. LauberDAle ZIP 33330 CITY **FLORIDA** The principal office, if known, or the mailing address of the corporation is: TWC. 14420 SW

**FLORIDA** 

Ft. LauderDale

<i>⊊</i> ARTICLE VI - I	NITIAL BOARD OF DIRECTORS	
This corporation shall have(	•	
NAME PATRICIA M. HARTH	ett	
ADDRESS 14420 SW 31 PL		
CITY Ft. Lauderdale	STATE FL	zip 3333(
NAME		
ADDRESS		
СПУ	STATE	ZIP
NAME		
ADDRESS		
СПУ	STATE	ZIP
The names and addresses of the incorporators signi-		illows:
NAME PATRICIA M. HI	ARTNETT	
ADDRESS 14420 SW 31	PL	_
CITY Ft. Lauserdale	STATE FL	ZIP3 3338
NAME		
ADDRESS	•	
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP.
IN WITNESS WHEREOF, the undersigned subscriday of Aur, 1 30 , 2003.	iber(s) have executed these Articles of Inco	orporation this
	Patua Hart	(Seal)
		(Seal)
		(Seal)

## CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

### CERTIFICATE OF REGISTERED AGENT OF

PATRICIA	M.	Harmett	Psy. D,	·Inc
		(name of corporation)		

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 14420 SW 31 PL			
Ft. Landerbale FL 33330	i s	8	
has named PATICIA HARTNETT	CAL;	MAY	
located at the aforesaid address, as its Registered Agent to accept service of pro-	Ĉess		-15 <b>156</b> )
this state.		PE	
ACKNOWLEDGEMENT	TATE ORIDA	61:	₹

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Patera Hartito
(registered agent)