

Division of Corporations

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## To:

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

## From:

Account Name : USA CORPORATE SERVICES INC.  
Account Number : I20000000220  
Phone : (800) 891-7432  
Fax Number : (518) 433-1489

## FLORIDA PROFIT CORPORATION OR P.A.

## WEST COAST PSYCHIATRY, P.A.

Certificate of Status	0
Certified Copy	1
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# Articles Of Incorporation Of

WEST COAST PSYCHIATRY, P.A.

**It is Hereby Certified That:**

1. The name of the corporation is: **WEST COAST PSYCHIATRY, P.A.**
2. The purposes for which the corporation is formed are:
3. To engage in the profession and practice of **Psychiatry**.

To engage in any act or activity for which corporations may be formed under the General Corporations Law, provided that the corporation shall not engage in any act or activity which requires the consent or approval of any State official, department, board, agency or any other body, without first having obtained such consent.

For the accomplishment of the aforesaid purposes, and in furtherance thereof, the corporation shall have and may exercise all of the powers conferred by the General Corporation Law upon corporation formed thereunder, subject to any limitations contained in any statute of the State of Florida.

4. The name and address of the initial registered agent of the corporation is:

**PAUL RETFALVI  
750 N. TAMiami, UNIT #311  
SARASOTA, FL 34236**

5. The mailing address and principal place of business of the corporation is:

**750 N. TAMiami, UNIT #311, SARASOTA, FL 34236**

6. The aggregate number of shares which the corporation shall be authorized to issue is **1,000** with **no par value**.

7. The name and address of the incorporator is:

**Frank Orlando 46 State Street, 3<sup>rd</sup> Floor Albany, NY 12207**

8. The corporation to exist perpetually.

**IN WITNESS WHEREOF**, the undersigned incorporator, being over the age of 21, has executed this certificate on the 14<sup>th</sup> day of July 2003.

  
**Frank Orlando  
Incorporator**

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**Acceptance of Appointment as Registered Agent**

I, PAUL RETFALVI do hereby accept appointment as Registered Agent of  
WEST COAST PSYCHIATRY, P.A. and am familiar with the provisions of section  
607.325 of the Florida General Corporation Act.

Dated: July 14, 2003

X

  
PAUL RETFALVI  
Registered Agent

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