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To:

Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

mark a. kabat, d.o., p.a.

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ARTICLES OF INCCREORACION

OF

MARK A.KABAT, D.O. P.A.

ARTICLE I

The name of the corporation shall be:

MARK A. KABAT, D.O. P.A.

ARTICLE II PRINCIPAL PLACE OF BUSINESS

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

11269 Mainsail Ct. Wellington, Florida 33467

ARTICLE INI DURATION

This Corporation shall have perpetual existence commencing on the date of the filing of these Articles of Incorporation with the Department of State of Florida.

article iv Yurpose (S)

This Corporation is organized for the purposes of transacting Psychiatric services any and all lawful business.

ARTICLE V CAPITAL STOCK

This Corporation is authorized to issue 1,000 shares of \$1.00 par value common stock

ARTICLE V: QUORUM FOR STOCKHOLDERS MESTINGS

Unless otherwise provided for in the Corporation's Bylaws, a

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. MAY-07-2004 12:00

PROPHER SY: Tim A. Shene, P.A. 1751 P. Erderel Mighlay
And Rolen, Ph. 75451
FOR March 186423

majority of the shares entitled to vote, represented in person or by proxy, shall be require to constitute a quorum at a meeting of shoreholders.

ARTICLE VII LIMITATION OF CORPURATE POWERS

The corporate powers of this corporation are as provided in section 617. Florida statutes, unless limited as follows:

No limitations

ARTICLE VIII

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

Mark A. Kabat 11269 Mainsail Ct. Wellington, Florida 33167

ARTICLE IX INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these articles of incorporation is (are):

Mark A. Kobat 11269 Mainsail Ct. Wellington, Florida 33467

ARTICLE X INITIAL BOARD OF DIRECTORS

This Corporation shall have one director initially. The number of directors may be either increased or diminished from time to time in the manner provided in the Bylaws, but shall never be less than One. The name and address of the initial Director of the corporation is as follows:

Mark A. Kabat 11269 Mainsail Ct. Wellington, Florida 33467

ARTICLE XI INDEMNIFICATION

The Corporation shall indemnify its officers directors and authorized agents for all liabilities incurred directly, indirectly or incidentally to services performed for the Corporation, to the fullest extent permitted under Florida law existing now or hereinafter enacted.

ARTICLE XII LIMITATIONS ON SHAREHOLDERS SUITS

Shareholders shall not have a cause of action against the Company's officers. Directors or agents as a result of any action taken, or as a result of their failure to take any action, unless deprivation of such right is deemed a nullity because, in the specific case, deprivation of a right of action would be impermissible in conflict with the public policy of the State of Florida. The fact that this Article shall be inapplicable in certain circumstances and the Courts of the State of Florida are hereby granted the specific authority to restructure this Article, on a case by case tasis or generally, as required to most fully give legal effect to its intent-

The undersigned incorporator(s) has (have) executed these articles of incorporation this 6_day of May, 2004

Signature(s) of the incorporator(s)

Mark A. Kabat

Typed Name of Incorporator

Typed Name of Incorporator

CERTIFICATE OF DEBICARATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation: Mark A. Kabat, D.O. P.A.
- The name and address of the registered agent and office is:

Mark A. Kabat

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11259 Mainssil Ct. Wellington, Florida 33467

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE FLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTEER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE FERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

DATE:

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