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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

MEDICAL MENTAL HEALTH CENTER OF PALM BEACH, P.A.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF

MEDICAL MENTAL HEALTH CENTER OF PALM BEACH, P.A.

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: MEDICAL MENTAL HEALTH CENTER OF PALM BEACH, P.A.

The principal place of business of this corporation shall be: 2603 EMBASSY DRIVE, WEST PALM BEACH, FL 33401.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. MEDICAL PRACTICE BY A PHYSICIAN

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500 SHARES OF \$ 1.00 EACH

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

J.B. RAYMOND JOURDAN, M.D. 2603 EMBASSY DRIVE, WEST PALM BEACH, FL 33401.

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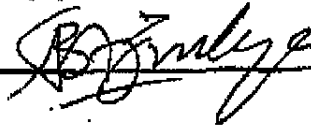
ARTICLE VI INCORPORATOR(S)

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

ARVIND B AJINKYA 4524 GUN CLUB ROAD, # 102, WEST PALM BEACH, FL 33415

IN WITNESS WHEREOF, the undersigned Incorporator(s) has (have) executed these Articles of Incorporation this, 4th day of June, 2004.

Signature(s) of Incorporator(s)



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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

MEDICAL MENTAL HEALTH CENTER OF PALM BEACH, P.A.

2. The name and address of the registered agent and office is:

ARVIND B AJINKYA 4524 GUN CLUB ROAD, # 102

(P.O. BOX NOT ACCEPTABLE)

WEST PALM BEACH, FL 33415

(CITY/STATE/ZIP)

SIGNATURE

[Signature]

TITLE

INCORPORATOR

DATE

6/4/2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

[Signature]

DATE

6/4/2004