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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Atlantic Psychological Center, P.C.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☒ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Judith Migoya Maccarone, Psy. D
Name (Printed or typed)

12715 Somerset Oaks ST.
Address

Orlando, FL 32828
City, State & Zip

954-464-0583
Daytime Telephone number

04 JUN 28 PM 12:54

SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.

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:
Atlantic Psychological Center, P.C.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
3111 University Drive
Suite 422
Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Private practice providing psychological services

ARTICLE IV SHARES

The number of shares of stock is:
1,200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Judith Migoya Maccarrone, Psy.D.
Director
3111 University Drive, Suite 422
Coral Springs, FL 33065

Nicholas Michael Maccarrone, Psy.D.
Director
3111 University Drive, Suite 422
Coral Springs, FL 33065

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
CorpDirect Agents, Inc.
103 Meridian Street, Lower Level
Tallahassee, FL 32301

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
Judith Migoya Maccarrone, Psy.D.
3111 University Drive
Suite 422
Coral Springs, FL 33065

****

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

Ed Lacy Signature/Registered Agent Asst. Secretary — 6/24/04 Date

Signature/Incorporator Judith Migoya Maccarrone — 6/24/04 Date