# Florida Department of State

Division of Corporations Public Access System

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# FLORIDA PROFIT CORPORATION OR P.A.

comprehensive psycological therapies, inc.

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PECKLIARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLES OF INCORPORATION

OF

#### COMPREHENSIVE PSYCHOLOGICAL THERAPIES, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE L NAME

The name of this corporation shall be:

COMPREHENSIVE PSYCHOLOGICAL THERAPIES, INC.

#### ARTICLE IL PRINCIPAL OFFICE

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

2021 N.W. 104 AVENUE

PEMBROKE PINES, FL 33026

#### ARTICLE III. CAPITAL STOCK

The number of Shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares at \$5.00 per share.

Prepared by: H. ALLAN TUCKER, ESQ 5802 Tyler Street Hollywood, FL 33021 Florida Bar Number: 129842 Telephone: (954) 981-7171

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#### ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ROBERT O. TADDONIO

2021 N.W. 104 AVENUE

PEMBROKE PINES, FL 33026

### ARTICLE V. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

NAME

**ADDRESS** 

ROBERT O. TADDONIO

2021 N.W. 104 AVENUE

PEMBROKE PINES, FL 33026

#### ARTICLE VL INITIAL OFFICERS.

The names and addresses of the officers who are to conduct the business of this corporation until those elected at the first election are as follows:

PRESIDENT:

ROBERT O. TADDONIO

VICE PRESIDENT: NONE

SECRETARY:

ROBERT O. TADDONIO

TREASURER:

NONE

The undersigned has executed these Articles of Incorporation this 22

day of November 2005

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 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 is:

#### COMPREHENSIVE PSYCHOLOGICAL THERAPIES, INC.

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

COMPREHENSIVE PSYCHOLOGICAL THERAPIES, INC. (NAME)	<u></u> ₹	0	
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ROMATO, Taddonio	F		
TTTLE President	_		
DATENovember 22, 2005			

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HERBBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN 1HIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE A CONTROL ROBOTTO D. Taddomio

DATE November 22, 2005

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