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SECRETARY OF STATE
SECRETARY OF STATE

T. Burch JAN 18 2008:

Verifier

Acknowledgment

W.P. Verifier

ARTICLES OF INCORPORATION

OF

HELENE COHEN, Psy. D., P.A.

ARTICLE I - NAME

The name of the Corporation is HELENE COHEN, Psy. D., P.A.

ARTICLE II - ADDRESS

The principal office, or mailing address of the Corporation is:

2 South University Drive, Suite 304, Plantation, FL 33324

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE III - DURATION

This Corporation shall have perpetual existence.

ARTICLE IV - PURPOSE

The purpose of this Corporation is to render to the public the practice of psychology, which shall consist of studying, analyzing, and relieving in any degree, or professing or attempting to study, analyze, or relieve human ailments, maladies, defects, and complaints by providing analysis, attendance, and advice regarding the mental and behavioral traits of individuals or groups. In order to properly prosecute the objects and purposes above set forth, the corporation shall have full power and authority to purchase, lease, and otherwise acquire, hold, mortgage, convey, and otherwise dispose of all kinds of property, both real and personal, necessary for the rendering of

psychology services. In addition to engaging in such profession or professions, a professional service corporation may engage in any other business or activities as to which a professional service corporations may be formed.

ARTICLE V - CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any time is one thousand (1000) shares of common stock having the par value of One (\$1.00) Dollar.

ARTICLE VI - PREEMPTIVE RIGHTS

The Corporation elects to have preemptive rights in accordance with the provisions of Florida Statutes Section 607.0603, pursuant to the terms and conditions, if any, prescribed by the board of directors.

ARTICLE VII - REGISTERED OFFICE AND AGENT

The initial registered office of this Corporation is 297 Sunny Isles Blvd., Sunny Isles Beach, FL 33160. The initial registered agent at such address is Jeffrey Roy Cohen, Esq.

ARTICLE VIII - DIRECTORS

The Corporation shall have one director initially, whose name and street address is as follows:

NAME

ADDRESS

Helene Cohen

2 South University Drive, Suite 304 Plantation, FL 33324

ARTICLE IX - INCORPORATOR

| The name and street address of the incorp | porator of this Cor | poration is as follows: |
|---|---------------------|-------------------------|
|---|---------------------|-------------------------|

NAME

ADDRESS

Helene Cohen

2 S. University Dr., Suite 304 Plantation, FL 33324

IN WITNESS WHEREOF, the undersigned incorporator has executed the

foregoing Articles of Incorporation this // day of January, 2008.

(SEAL)

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Before me personally appeared Helene Cohen, to me well known to be the person described in and who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed the same for the purposes therein expressed.

Witness my thand, and official seal in the County and State named this day of January, 2008.

NOTARY PUBLIC STATE
OF FLORIDA AT LARGE

My Commission Expires:

OR Produced Identification _____ Type of Identification Produced _____

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 48.091, Florida Statutes, the following is submitted: FIRST, that **HELENE COHEN, Psy. D., P.A.**, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 2 South University Drive, Suite 304, Plantation, FL 33324, has named **Jeffrey Roy Cohen, Esq.**, located at 297 Sunny Isles Blvd., Sunny Isles Beach, FL 33160, as its agent to accept service of process within Florida.

Signature Open Cale Talor Porcy for Date 1901 14 208

SECOND, 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.

Signature

_

(Registreed Agent)