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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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FLORIDA PROFIT/NON PROFIT CORPORATION

The Professional Team for Psychological Development, P.A.

Certificate of Status	0
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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:

THE PROFESSIONAL TEAM FOR PSYCHOLOGICAL DEVELOPMENT, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

478 SWEET BAY AVENUE
PLANTATION, FLORIDA 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to conduct psychological services for children and families.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR

MICHELLE SUKENIK, LMHC
478 SWEET BAY AVENUE
PLANTATION, FLORIDA 33324

PRESIDENT

KATHY ROSS, PSY.D
PO BOX 551363
FORT LAUDERDALE, FLORIDA 33355

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THE PROFESSIONAL TEAM FOR PSYCHOLOGICAL DEVELOPMENT, P.A.

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ARTICLE VI REGISTERED AGENT

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

MICHELLE SUKENIK
478 SWEET BAY AVENUE
PLANTATION, FLORIDA 33324

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

MICHELLE SUKENIK, LMHC
478 SWEET BAY AVENUE
PLANTATION, FLORIDA 33324

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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.

Michelle Sukenik
MICHELLE SUKENIK / Registered Agent

9-2-8
Date

Michelle Sukenik
MICHELLE SUKENIK, LMHC /Incorporator

9-2-8
Date

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