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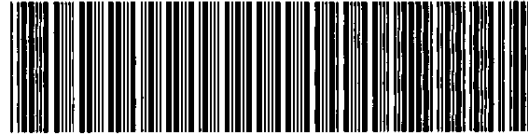
(Business Entity Name)

(Document Number)

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W11-35832

2011 JUL 13 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

1 Burch JUL 15 2011

# TRANSMITTAL LETTER

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

Subject: Neuropsychology Consultations, Inc.  
(Proposed corporate name - must include suffix)

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

( ) \$35.00 ( ) \$ 43.75 ( ) \$70.00 ( X ) \$78.75

From:

Michael J. Scott

Name

P.O. Box 221446

Address

Hollywood, FL 33022

City, State & Zip

(786) 202-6273

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 JUL 13 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 6, 2011

MICHAEL J SCOTT  
PO BOX 221446  
HOLLYWOOD, FL 33022

SUBJECT: NEUROPSYCHOLOGY CONSULTATIONS, INC.  
Ref. Number: W11000035832

We have received your document for NEUROPSYCHOLOGY CONSULTATIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00016098

# ARTICLES OF INCORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The Name of the corporation shall be:

Neuropsychology Consultations, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

P.O. Box ~~221446~~  
Hollywood, FL 33022

850 Hollywood Blvd.  
Hollywood FL 33019

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares of common

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael J. Scott  
P.O. Box ~~221446~~  
Hollywood, FL 33022

850 Hollywood Blvd  
Hollywood FL 33019

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Michael J. Scott  
P.O. Box 221446  
Hollywood, FL 33022

850 Hollywood Blvd  
Hollywood FL 33021

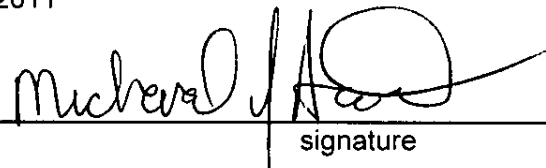
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUL 13 PM 4:36

FILED

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Twenty Ninth (29th) day of June, 2011

  
signature

signature

signature

**Article of Incorporation  
Filing Fee - \$35**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: Neuropsychology Consultations, Inc.

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

Michael J. Scott

(Name)

~~P.O. Box 221446~~

(P.O. Box not acceptable)

Hollywood, FL ~~33022~~ 33019

(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this 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.*

Michael J. Scott  
(Signature)

PRESIDENT