Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150000110773)))



H150000110773ABOW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION NEUROPSYCHOLOGICAL SERVICES OF SOUTH FLORIDA P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRIN	on shall be: NEUROPSYCHO CIPAL OFFICE SCUTTI FLO Principal street address SW 85 AVE	ORIBA P.A.	ERVICES (Iress, if different is:	9 C				
ARTICLE III PURP								
Providing neuropsychological services in the form of (but not limited to) evaluation, assessment testing								
Yenapinter	tion + psychotherapy		1 > 7	200				
adults.	s of a'll age range	<u>Contonent</u>	(latescer)T					
<u> </u>								
		,						
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS								
Name and Title	Name and Title: DR. MADILEY Browne and Title: To T							
Address	1800 SW 85 AV	E Address:	<u> </u>					
	MIMMI FL 33155		(6) A Co					
		· · · · · · · · · · · · · · · · · · ·						
Name and Title:		Name and Title:						
Address				1)				
		·	·					
Nome and Title:		Name and Office						
Address	, <u>, , , , , , , , , , , , , , , , , , </u>		· -					
₩41622								
		- -						

H 1 50 0 0 0 9 10 7.7

Name ar	nd Title: Name and Title:		<u> </u>
Address	s Address:		<u> </u>
ARTICLE VI	REGISTERED AGENT		
The name and F	Torida street address (P.O. Box NOT acceptable) of the registered agent	is:	
Name:	DR. MADILEY BROZ		
Address:	1800 SW 85 AVENUE	SEG PALL PALL	
	MIAM1 FL 33155	JAN I	7
ARTICLE VII	INCORPORATOR	SSEE TH	
The <u>name and a</u>	address of the Incorporator is:	10.74 1.81	
Name:	DR. MADILEY BROZ		B
Address:	1800 SW 85 Avenue	¥	
	MIAMI FL 33155		
	imed us registered agent to accept service of process for the above stated		i on
inis certingate, 1	I am familiar with and accept the appointment as registered agent and ag	ree to act in this capacity	li
· Made	Jey Bra	01-14-15	2
Ĺ	Required Signature/Registered Agent	Date	-
	ocument and affirm that the facts stated herein are true. I am aware the Department of State constitutes a third degree felony as provided for in		na
\\\\ade	eleg Brag	01-14-13	
\mathcal{L}	Required Signature/Incorporator	Date	