

PP5000004917

ONE DOUGLAS PLACE
109 West Orange St.
Altamonte Springs FL 32714

000001382740
-01/18/95--01045--004
***122.50 ***122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. KAREN SCHILLING, PH.D., P.A.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

FILED
95 JAN 17 PM 2:35
TALLAHASSEE, FLORIDA

Examiner's Initials

KW
1/19/95
CR2E031(10/92)

**ARTICLES OF INCORPORATION
OF
KARIN SCHILLING, PhD, P.A.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I: NAME.

The name of the P.A. shall be: Karin Schilling, PhD., P.A.

The principal place of business of this P.A. shall be: One Douglas Place, 109 West Orange Street, Altamonte Springs, Florida 32714.

ARTICLE II: NATURE OF BUSINESS.

The P.A. may engage in or transact any or all lawful activities or business permitted under the law of the United States, the State of Florida, or any other state, country, territory or nation, with a focus on the delivery of psychological services.

ARTICLE III: CAPITAL STOCK.

The aggregate number of shares of stock and its par value that this P.A. is authorized to have outstanding at any one time is: 100,000 shares of \$1.00 value common stock.

ARTICLE IV: TERM OF EXISTENCE.

This P.A. is to exist perpetually.

ARTICLE V: EXERCISE OF CORPORATE POWERS.

All P.A. powers shall be exercised by or under the authority of, and the business and affairs of the P.A. shall be managed by or under the direction of, the officers, directors, and if appropriate, shareholders.

FILED
CLERK OF CIRCUIT COURT
JAN 17 11 23 AM '00
ORANGE COUNTY, FLORIDA

ARTICLE VI: INCORPORATOR.

The name and street address of the incorporator to these articles of incorporation is: Karin Schilling, PhD., One Douglas Place, 109 West Orange Street, Altamonte Springs, Florida 32714, (407)788-7797.

ARTICLE VII: OFFICERS.

The officers of the P.A. shall be:
President/Treasurer: Karin Schilling, PhD.


Signed Incorporator

STATE OF FLORIDA
COUNTY OF SEMINOLE

THE FOREGOING instruments were acknowledged and sworn to before me
this 3rd day of January, 1995.


Notary Public

My Commission Expires: 01/16/98



OFFICIAL SEAL
HEATHER M. MALLEY
MY COMMISSION EXPIRES
FEBRUARY 18, 1998
COMMISSION NO. CC 348728

ACCEPTANCE OF REGISTERED AGENT

I, Tracy Schilling, Esquire hereby accept the title of registered agent for Karin Schilling, PhD., P.A.

Said service shall be made on me at 106 West York Court, Longwood, Florida 32779. My business phone number is (407) 788-8955.


Tracy Schilling, Esquire

1-3-95
Date

FILED
95 JAN 17 PM 2:35
TALLAHASSEE, FLORIDA