

P95000034964

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: Applied PsychoClinical Resources, Inc.
(Proposed Corporate Name)

ENCLOSED PLEASE FIND AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION
FOR THE ABOVE CORPORATION AND CHECK IN THE AMOUNT OF \$ 70.00.

FROM: Applied PsychoClinical Resources, Inc.

Name

1490 West 49 Place, Suite 592

Address

Hialeah, Florida 33012

City, State, & Zip

(305) 819-2825

Telephone Number

100001463451
-04/24/95--01065--015
*****70.00 *****70.00

W95-8959

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FILED
95 MAY -4 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 27, 1995

APPLIED PSYCHCLINICAL RESOURCES, INC.
1490 WEST 49TH PLACE
SUITE 592
HIALEAH, FL 33012

SUBJECT: APPLIED PSYCHOCLINICAL RESOURCES, INC.
Ref. Number: W95000008959

We have received your document for APPLIED PSYCHOCLINICAL RESOURCES, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ARTICLES I THRU V ARE INCOMPLETE.

Please return 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 (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 495A00019984

ARTICLES OF INCORPORATION
OF

We, the undersigned incorporator, hereby make, acknowledge and file these Articles of Incorporation for the purpose of becoming a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name of this corporation shall be: Applied PsychoClinical Resources, Inc.

ARTICLE II - PRINCIPAL OFFICE

The address of the principal office or mailing address of the corporation shall be: 1490 West 49 Place, Suite 592, Hialeah, Florida 33012

ARTICLE III - AUTHORIZED SHARES

The corporation shall be authorized to create and issue 1,000 shares of Common Stock.

ARTICLE IV - REGISTERED AGENT AND OFFICE

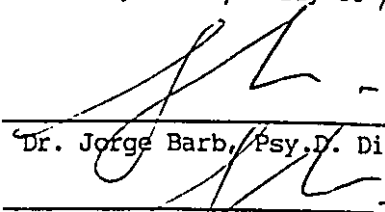
The name and street address of the members of the initial registered agent and the initial registered office shall be: 1490 West 49 Place, Suite 592 Hialeah, Florida 33012
Dr. Jorge Barb, Psy.D.

ARTICLE V - INCORPORATOR

The name and street address of the person signing these Articles of Incorporations is as follows: Dr. Jorge Barb, Psy.D., 1490 West 49 Place, Suite 592, Hialeah, Florida 33012

I hereby am familiar with and accept the duties and responsibilities as registered agent of said corporation.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Incorporation at Miami, Florida for uses and purposes aforesaid, this 10 day of April 1995.


Dr. Jorge Barb, Psy.D. Director/
President

Dr. Jorge Barb, Psy.D. Director/Vice-
Secretary, Treasurer. President


STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared Jorge Barb and who are well known to me to be the person described in and who subscribed the above and foregoing Articles of Incorporation, and who freely and voluntarily acknowledged before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Miami, Dade County, Florida, this 10 day of April 1995.

My commission expires:

My Comm. Expires
Notary Public


NOTARY PUBLIC STATE OF
FLORIDA AT LARGE

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607-0501, 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: Applied PsychoClinical Resources, Inc.

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

Dr. Jorge Barb, Psy. D.

1490 West 49 Place, Suite 592

ADDRESS

Hialeah, Florida 33012

CITY OR STATE

SIGNATURE 

(Corporate Officer)

Dr. Jorge Barb, Psy.D.

President

April 10, 1995

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

SIGNATURE 

Dr. Jorge Barb, Psy. D.

DATE April 10, 1995

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