

800 - 342 - 8086

CSC networks
PRESTIGIOUS
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. 1 072100000032

REFERENCE # 645154 9689A

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : July 20, 1995

ORDER TIME : 2:59 PM

ORDER NO. : 645154

CUSTOMER NO: 9689A

90000 1542739

CUSTOMER: Deby Bartholow, Legal Asst
ROBERT WOODY, ESQ

P. O. Box 34880

Omaha, NE 68134

DOMESTIC FILING

NAME: THE CENTER FOR PSYCHOLOGY AND
NEUROPSYCHIATRY, INC.

XXX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sebreana Randolph

EXAMINER'S INITIALS:

T. BROWN JUL 21 1995

FILED
95 JUL 20 AM 8:31
SECRET/INT. STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
THE CENTER FOR PSYCHOLOGY AND NEUROPSYCHIATRY, INC.

FILED
95 JUL 20 AM 8 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

THE CENTER FOR PSYCHOLOGY AND NEUROPSYCHIATRY, INC.

The address of the principal office of this corporation shall be 1688-1 Medical Lane, Fort Myers, Florida 33907, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Michael B. Spellman	1688-1 Medical Lane
Pres./Treas.	Fort Myers, Florida 33907

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of
Corporation Service Company, has herunto set their hand
and seal of Corporation Service Company on July 20, 1995.

CORPORATION SERVICE COMPANY

By: *Gail Shelby*
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

By: *Gail Shelby*
Its Agent, Gail Shelby

LEL/sbr

1201 HAYS STREET
TAMPA, FL 33607
941-222-0911
941-222-0911 FAX

800-342-8086

P9500056589



PRESTIGE
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 011718 7112394

AUTHORIZATION :

COST LIMIT : \$ PRE-PAID

ORDER DATE : July 8, 1996

ORDER TIME : 10:38 AM

ORDER NO. : 011718

CUSTOMER NO: 7112394

CUSTOMER: Michael B. Spellman, President
Michael B. Spellman, Phd, P.a.
1688-1 Medical Lane

Fort Myers, FL 33907

11/01/96 11:00:00
-07/08/96-10/09/96
*****35.00 *****35.00

Change

CHANGE OF AGENT

NAME: THE CENTER FOR PSYCHOLOGY AND
NEUROPSYCHIATRY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY	1/9/96
XX PLAIN STAMPED COPY	
CONTACT PERSON: Kathy Drake	
Acknowledgment	
W.P. Verifier	

FILED
96 JUL -9 PM 2:40
TALLAHASSEE
SECURITY

FILED
 Charter No. 96
 Date Filed 6/18/96

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: The Center For Psychology and Neuropsychiatry, Inc.

2. The name and address of its present registered agent is:

CORPORATION INFORMATION SERVICES, INC.
 1701 Hays Street
 Tallahassee, Florida 32301

3. The name and street address to which its registered agent is to be changed is:
 (P.O. BOX NOT ACCEPTABLE)

Michael B. Spellman, Ph.D.

1688-1 Medical Lane

Fort Myers, Florida 33907-1129

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Michael B. Spellman, Ph.D., Pres.
 (Typed or printed name and title)

Signature

Michael B. Spellman, Ph.D., President
 (President or Vice President)

Date June 18, 1996

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name Michael B. Spellman, Ph.D.

Signature

Michael B. Spellman
 (Agent)