

REFERENCE 545154

AUTHORIZATION :

COST LIMIT : 9 70.00

ORDER DATE: July 20, 1995

ORDER TIME : 2:59 PM

ORDER NO. : 645154

CUSTOMER NO: 9689A

900001542788

CUSTOMER: Deby Bartholow, Legal Asst

ROBERT WOODY, ESQ

P. O. Box 34880

Omeha, NE 68134

DOMESTIC FILING

NAME: THE CENTER FOR PSYCHOLOGY AND

NEUROPSYCHIATRY, INC.

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sebrena Randolph

EXAMINER'S INITIALS: _

T. BROWN JUL 2 1 1995

ARTICLES OF INCORPORATION

OI.

THE CENTER FOR PSYCHOLOGY AND NEUROPSYCHIATRY, INC.

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.

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PALLANDER SERVER

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 Pres./Treas.

1688-1 Medical Lane 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 hereunto set their hand and seal of Corporation Service Company on July 20, 1995.

CORPORATION SERVICE COMPANY

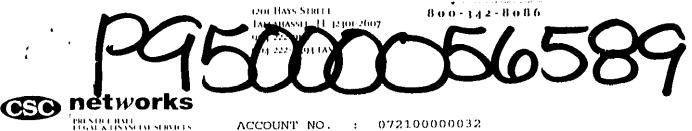
By: \(\alpha\) \(\lambda\) \(\

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

LEL/sbr



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ACCOUNT NO.

072100000032

REFERENCE

011718 7112394

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AUTHORIZATION

COST LIMIT : \$ PRE-PAID

ORDER DATE: July 8, 1996

ORDER TIME : 10:38 AM

ORDER NO. : 011718

CUSTOMER NO:

7112394

Michael B. Spellman, President Michael B. Spellman, Phd, P.a. CUSTOMER:

1688-1 Medical Lane

Fort Myers, FL 33907

CHANGE OF AGENT

NAME:

THE CENTER FOR PSYCHOLOGY AND

NEUROPSYCHIATRY, INC.

PLEASE RETURN THE FOLLOWING AS FROOF OF FILING:

_ PLAIN STAMPED COP

CONTACT PERSON Kathy Drake

Acknowler gold and

W.P. Verifyer

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Date Filed	<u> </u>

08-18-1896 09:534W FROM Woody Law Office

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

	MINISTER STATE OF THE STATE OF	
Furturnt 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.		
١.	The name of the corporation is: The Center For Paychology and Neuropsychiatry, Inc	
 2.	The name and address of its present registered agent is:	
	CORPORATION INFORMATION SERVICES, INC. 1201 Hays Street Tallahassee, Florida 32301	
	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	
124.11	Fort Myers, Florida 33907-1129	
	The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical. 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, Php. Pros. Signature M. S. O. P. Prosident (Typed or printed same and title) (President or Vice President)	
	Date	
\(\lambda \) \(\la	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE BOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY CCEPT 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 HID COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE RUIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA FATUTES. **RATE Print/Type Name** Michael B. Spellman, Ph.D.	
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