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09/28/95 FLORIDA DIVISION OF CORPORATIONS
8:46 AM PUBLIC ACCESS SYSTEM (((H95000010685))) ELECTRONIC FILING COVER SHEET TO: DIVISION OF CORPORATIONS FROM: FILINGS, INC. DEPARTMENT OF STATE 3732 NW 16TH ST STATE OF FLORIDA 409 EAST GAINES STREET FT LAUDERDALE FL 33311- TALLAHASSEE, FL 32399 CONTACT: TERESA ROMAN FAX: (904) 922-4000 PHONE: (904) 385-6735 FAX: (904) 385-6761 (((H95000010685))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: JOHN A. JAMIESON, P.A. FAX AUDIT NUMBER: H95000010685 CURRENT STATUS: REQUESTED DATE REQUESTED: 09/25/1995 TIME REQUESTED: 08:45:55 CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0 NUMBER OF PAGES: 4 METHOD OF DELIVERY: MAIL ESTIMATED CHARGE: $70.00 ACCOUNT NUMBER: 072720000101 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H95000010685))) ** ENTER 'M' FOR MENU. **

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

JOHN A. JAMIESON, P.A.

Article I - NAME

The name of this Corporation shall be:

JOHN A. JAMIESON, P.A.

Article II - DURATION

The existence of this Corporation shall commence upon the filing of these Articles of Incorporation by the Department of State and shall have perpetual existence.

Article III - PURPOSE

This Corporation is organized for the purpose of transacting any and all lawful business and activities as a Licensed Clinical Social Worker and Psychotherapist. The Corporation shall have all of the powers vested in a corporation organized under and existing by virtue of such laws.

Article IV - CAPITAL STOCK

The maximum number of shares which the Corporation shall have authority to issue shall be Five Hundred (500) shares of common stock with a par value of One Dollar ($1.00).

June M. Clarkson, P.A.
2640 Hollywood Blvd. #201
Hollywood, Fl. 33020 305-925-1005 JUNE M. CLARKSON, P.A.

2640 HOLLYWOOD BLVD., SUITE 201 • HOLLYWOOD, FLORIDA 33020 • TELEPHONE (305) 925-1005 • TELETAX (305) 925-9969

FEIN 785709

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Article V - INITIAL OFFICE ADDRESS

The street address of the initial principle office address of this Corporation is:

1212 S.E. 2 Avenue
Ft. Lauderdale, Florida 33315

Article VI - INITIAL REGISTERED AGENT

The street address of the initial registered agent of this Corporation is 2640 Hollywood Blvd. Suite 201 Hollywood, Florida 33020, the name of the initial registered agent is JUNE M. CLARKSON, ESQ.

Article VII - INITIAL BOARD OF DIRECTORS

This Corporation shall have One (1) Director initially. The number of Directors may either be increased or diminished from time to time by, or in the manner specified in the By-Laws, but shall never be less than One (1). The name and address of the initial Director of this Corporation is:

John A. Jamieson
1212 S.E. 2 Avenue
Ft. Lauderdale, Florida 33315

Article VIII - INCORPORATOR

The name and address of the incorporator signing these Articles is:

John A. Jamieson
1212 S.E. 2 Avenue
Ft. Lauderdale, Florida 33315

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Article XX - MAILING ADDRESS

The Mailing address of the Corporation shall be:

1212 S.E. 2 Avenue
Ft. Lauderdale, Florida 33315

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 22 day of September 1995.

John A. Jamieson, Incorporator

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

BEFORE ME, A Notary Public authorized to make acknowledgments in the State and County set forth above, personally appeared JOHN A. JAMIESON known to me to be the person who signed the foregoing Articles of Incorporation and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 22 day of Sept. 1995.

June M. Clarkson
NOTARY PUBLIC, State of Florida at Large
Name: June M. Clarkson
Serial Number:

My Commission Expires:

JUNE M CLARKSON
My Commission CC328201
Expires Dec. 25, 1997
Bonded by HAI
800-422-1555

J. Clarkson, P.A.

2640 Hollywood Blvd., Suite 201 • Hollywood, Florida 33020 • Telephone (305) 925-1005 • Telefax (305) 925-9969

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REGISTERED AGENT ACCEPTANCE

The undersigned hereby accepts the designation as Registered Agent as set forth in Article VI of the foregoing Articles of Incorporation.

JUNE M. CLARKSON, ESQ.

JUNE M. CLARKSON, P.A.
2640 Hollywood Blvd.
Suite 201
Hollywood, Florida 33020
(305) 925-1005

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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: John Jamieson, PA EIN or SS#: 65-0610561

Address: 1212 S.E. 2nd Avenue
Ft. Lauderdale, FL 33316

Amount: $150.00 Date Paid 8/19/96

Reason for claim: P95000073536 overpayment

Certified true and correct this 22 *day of* August, *19* 96.

Signature John A Jamieson

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund $* 150.00.

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01016-016 *dated* 8/19/96.

Name of Account 45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 45202130001453000000022002000

Certified true and correct this _____ *day of* _____, *19* ____.

Department of State, Division of Corporations (Agency)

(Authorized Signature and Title)

CR2E060(6/95)