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February 27, 1996

VIA AIR BORNE EXPRESS

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

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-02/28/96--01100--015
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Re: ALAN S. BERNS, M.D., P.A.

Gentlemen:

Enclosed herein is an original and one copy of properly executed Articles of Incorporation, including certificate designating registered office and registered agents and acceptance of registered agent for ALAN S. BERNS, M.D., P.A. for filing. Also, enclosed is a check in the amount of \$122.50 made payable to the Florida Secretary of State to cover the following costs:

Filing fee for Articles of Incorporation	\$ 35.00
Registered Agent fee	\$ 35.00
Certified copy fee	<u>\$ 52.50</u>
Total	\$122.50

Please forward the certified copy of the Articles of Incorporation to the undersigned. Thank you for your cooperation and assistance in this matter.

Very truly yours,

Marsha G. Souza

Marsha G. Souza, CLA
Certified Legal Assistant

/mgs
Enclos

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF

ALAN S. BERNIS, M.D., P.A.

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, the undersigned, make, subscribe, acknowledge and file with the Secretary of State of the State of Florida these Articles of Incorporation for the purpose of forming a professional service corporation for profit in accordance with the laws of the State of Florida.

ARTICLE I - NAME

The name of the corporation is ALAN S. BERNIS, M.D., P.A.

ARTICLE II - PRINCIPLE OFFICE

The principle office of the corporation is 489 Timber Ridge Drive, Longwood, Florida 32779.

ARTICLE III - BUSINESS, OBJECTS OR PURPOSES

The general nature of the business to be transacted by this corporation or the objects or purposes of the corporation shall be as follows:

- (a) The practice of general and forensic psychiatry.
- (b) In general, to have and exercise all powers conferred by the laws of Florida upon professional corporations, and to do any and all things hereinabove set forth to the same extent as a natural person might or could do.

ARTICLE IV - CAPITAL STOCK

The total number of shares of capital stock authorized to be issued by the corporation shall be 100 shares having a par value of \$1.00 per share. Each of said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of the stockholders. All or any part of said capital stock may be paid in cash, in property or in labor or services at a fair valuation to be fixed by the Board of Directors at a meeting called for such purpose. All stock when issued shall be paid for and shall be nonassessable.

ARTICLE V- INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the corporation's initial registered office is 489 Timber Ridge Drive, Longwood, Florida 32779 and the name of the corporation's initial registered agent is Alan S. Berns, M.D.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The number of directors constituting the initial Board of Directors shall be two (2) and the name and addresses of the persons who are to serve as members thereof are as follows:

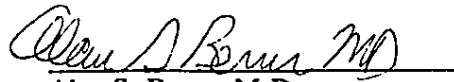
<u>Name</u>	<u>Address</u>
Alan S. Berns, M.D.	489 Timber Ridge Drive Longwood, FL 32779
Susanna M. Berns	489 Timber Ridge Drive Longwood, FL 32779

ARTICLE VII - INCORPORATOR

The name and address of the incorporator of this corporation is as follows:

<u>Name</u>	<u>Address</u>
Alan S. Berns, M.D.	489 Timber Ridge Drive Longwood, FL 32779

IN WITNESS WHEREOF, I, the undersigned, have executed these Articles for the uses and purposes therein stated this 27th day of February, 1996.


Alan S. Berns, M.D.

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 agent, in the State of Florida.

The name of the corporation is ALAN S. BERNES, M.D., P.A.

The name and address of the registered agent and office is: Alan S. Berns, M.D., 489 Timber Ridge Drive, Longwood, FL 32779.

By: 
Alan S. Berns, M.D.

Title: President

Dated this 27th day of February, 1996.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT INCLUDING THOSE CONTAINED IN SECTION 607.0505, FLORIDA STATUTES.


Alan S. Berns, M.D.

Dated this 27th day of February, 1996.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA