Robert J. Circlli
360 S.H. 9th Court
Pompano Boach, Pl. 33060

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:

Robert J. Cirelli MD, P.A.

Enclosed is a copy of the articles of incorporation and a check for \$122.50, for Filing Fee and Certified Copy

900001831329 -05/21/86-01035-005 *****122.50

FROM: Robert J. Cirelli
360 S.E. 9th Court

Pompano Beach, FL 33060

ARTICLES OF INCORPORATION

OF

HOBERT J. CIRELLI, MD, P.A.

The undersigned incorporator, for purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: Robert J. Cirelli, MD, P.A. The general purpose for which the corporation is organized is to engage in chery aspect of the practice of psychiatry. The professional services involved in the corporation's practice of psychiatry may be rendered through its officers, agents and employees who are duly authorized and licensed to practice psychiatry in the State of Florida.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 360 S.E. 9th Court, Pompano Beach, FL 33060

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is Robert J. Cirelli, and the address is 360 S.E. 9th Court, Pompano Beach, FL 33060

AHTICLE V - INCOMPORATOR

The name and street address	ot I	110	incorporator to these	٩ſ	tic	cies o	١	Incorporatio	on I	ø:
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Name

Address

Robert J. Challi

360 S.E. 9th Court Pompano Boach, FL 33060

The undersigned incorporator has executed these Articles of Incorporation this

16th

Robert J. Cirelli MD

Incorporator

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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:	Robert J. Cirelli MD, P.A.
2. The name and address of the registers	
Honau a	Ollow
360 S.E. 9	nth Court
Pompano	Beach, FL 33060

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 dutiesm and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

5/16/96 (Date)