# P96000051117

#### Reply to Main Office

800001861678 -06/14/96--01013--004 \*\*\*\*\*\*70.00 - 7 0.0 •

June 10, 1996

Department of State
Division of Corporations
POB 6327
Tallahassee, Florida 32314

RE: Psychologists' Provider Network, Inc., a proposed corporation

Dear Sir/Madam:

Please find enclosed an original and one copy of the Articles of Incorporation and Registered Agent with our check of \$70.00 for the filing of the above captioned proposed corporation.

Thank you for your cooperation.

Sincerely.

Samuel A. Feldman

SAF/bw enc.

SECULIA IS PH 3: 05

GB 6/14/96

## ARTICLES OF INCORPORATION OF HOLOGISTS! PROVIDER NETWORK.

95 JUN 13 PH 3: 05

### PSYCHOLOGISTS' PROVIDER NETWORK, INC.

#### ARTICLE I. NAME

The name of the corporation is: PSYCHOLOGISTS' PROVIDER NETWORK, INC.

#### ARTICLE 2. DURATION

The corporation shall exist perpetually commencing with the filling of these Articles of Incorporation with the Florida Department of State.

#### ARTICLE 3. PUPOSE

The corporation may engage in or transact any or all activity or business permitted under the laws of the United States and of the State of Florida.

#### ARTICLE 4. CAPITAL STOCK

The corporation is authorized to issue One Million (1,000,000) of \$.01 par value shares which shall be designated as common shares.

#### ARTICLE 5. REGISTERED AGENT AND OFFICE

The corporation's initial Registered Agent and Registered Office in the state of Florida is:

Initial Registered Agent:

Samuel A. Feldman

Initial Registered Office:

2110 NE 206 Street, NMB, FL 33179

ARTICLE 6. MAILING ADDRESS

The corporation's principle office and mailing address is:

Principle Office:

2110 NE 206 Street, NMB, FL 33179

Mailing Address:

2110 NE 206 Street, NMB, FL 33179

#### ARITCLE 7. DIRECTORS

The number of Directors constituting the initial Board of Directors of the corporation is One.

The number of Directors may be either increased or decrease from time to time by amendments to the Bylaws, but shall never be less than the number of the initial Board of Directors. The name of the initial Director is:

Name:

Samuel A. Feldman

Address:

2110 NE 206 Street, NMB, FL 33179

#### ARTICLE 8. INCORPORATORS

The name and address of the incorporator executing these Articles of Incorporation is:

Incorporator:

Samuel A. Feldman

Address:

2110 NE 206 Street, NMB, FL 33179

#### ARTICLE 9. BYLAWS

The initial directors shall submit the proposed bylaws to the shareholders at a meeting to be held for that purpose not more than ninety (90) days following the issuance of the Certificate of Incorporation. Following the adoption of the bylaws by affirmative vote of one-third of the shareholders, the internal affairs of the corporation are to be regulated and managed in accordance with such bylaws. The power to adopt, alter, amend or repeal the Bylaws shall be vested in the Board of Directors and Stockholders.

#### ARTICLE 10. INDEMNIFICATION

The corporation shall indemnify any Officer or Director or any former Officer or Director to the full extent permitted by law.

#### ARTICLE 11. CORPORATE POWERS

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or amendments hereto and any right conferred upon the Stockholders is subject to this reservation.

#### ARTICLE 12. CUMULATIVE VOTING

At each election of Directors, every Stockholder entitled to vote shall have the rights to accumulate his votes by giving one candidate as many votes as the number of Directors to be elected at that time multiplied by the number of his shares, or by distributing such vo5tes on the same principle among any number of such candidates.

### ARTICLE 13. CONFERENCE TELEPHONE

The members of the Board of Directors may participate in meeting of the Board of Directors by means of conference telephone as provided by law.

The undersigned incorporator has executive, 1996.	ecuted these Articles of Incorporation this day of
	Incorporator
STATE OF FLORIDA ) ss:	
COUNTY OF DADE )	
whose name is subscribed to the fore	, 1996, before me the undersigned Notary Public of the SAMUEL A. FELDMAN, who is personally known to me, going Articles of Incorporation, and he acknowledged that I for the purposes therein expressed and did take an oath.
My commission expires:	Norary Public, Spate of Florida
JOY T TAYLOR	Name of Notary Tex T. Tayler Commission No. C 5 7 06 9 9

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE ACCOUNTS FROM THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE

Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida 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: PSYCHOLOGISTS' PROVIDER NETWORK, INC.
- 2. The name and address of the registered agent and office is:

Samuel A. Feldman 2110 NE 206 Street NMB, Florida 33179

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 STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Registered Agent

STATE OF FLORIDA
) ss:

COUNTY OF DADE
)

On this the day of the state of Florida personally appeared SAMUEL A. FELDMAN, who is personally known to me, whose name is subscribed to the within instrument, and he acknowledged that he executed it as his free act and deed for the purposes therein expressed and did take an oath.

My commission expires:



JOY T TAYLOR My Commission CC520004 Expires Dec. 25, 1999