

**CORPORATE
ACCESS,
INC.**

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FILING *Articles*

1.) *Susan K. Hoffmann, ccc/SLP, PA*
(CORPORATE NAME & DOCUMENT #)

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Susan K. Hoffmann, CCC/SLP, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7626 SW 10th Ave.
Gainesville, Florida
32607

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Susan K. Hoffmann
7626 SW 10th Ave.
Gainesville, Fl. 32607

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Susan K. Hoffmann
President
Secretary

7626 SW 10th Ave.
Gainesville, FL
32607

ARTICLE VI PURPOSE

The specific purpose of this Professional Service Corporation is:
CONSULTING SERVICE SPEECH LANGUAGE PATHOLOGIST.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

31 day of Jan, 1997.

Susan K. Hoffmann
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Susan K. Hoffmann, CCC/SLP, PA

2. The name and address of the registered agent and office is:

Susan K. Hoffmann
(NAME)

7626 SW 10th Ave.
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Gainesville, FL 32607
(CITY/STATE/ZIP)

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

Susan K. Hoffmann
(SIGNATURE)

1/31/97
(DATE)