

P97000039071

FILED
97 MAY -1 PM 2: 37

April 19, 1997

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

700002151167--3
-04/22/97- 01097-002
*****70.00 *****70.00

Re: ROBIN L. SCHUPPER, PSY. D.

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of Robin L. Schupper, Psy. D. Also enclosed is a check in the amount of \$70.00 as the appropriate filing fee.

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,



Robin L. Schupper
7693 Thornlee Drive, Lake Worth, FL 33467

BH 5/1/97
WAT-9429
7/1/97
4/23/97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 23, 1997

ROBIN L SCHUPPER
7693 THORNLEE DRIVE
LAKE WORTH, FL 33467

SUBJECT: ROBIN L. SCHUPPER, PSY.D.
Ref. Number: W97000009409

We have received your document for ROBIN L. SCHUPPER, PSY.D. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 697A00020807

April 28, 1997

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

Re: ROBIN L. SCHUPPER, PSY.D., P.A.

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of Robin L. Schupper, Psy.D., P.A. Also enclosed is a check in the amount of \$70.00 as the appropriate filing fee.

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,



Robin L. Schupper

7693 Thornlee Drive, Lake Worth, FL 33467

ARTICLES OF INCORPORATION

OF

ROBIN L. SCHUPPER, PSY.D., P.A.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Corporation is Robin L. Schupper, Psy.D., P.A.

ARTICLE II

The principal place of business and mailing address of this corporation shall be 7693
Thornlee Drive, Lake Worth, FL 33467.

ARTICLE III

The aggregate number of shares which the Corporation has authority to issue is 1,000
shares of common stock with no par value.

ARTICLE IV

The address of the initial registered office of the Corporation is 7693 Thornlee Drive,
Lake Worth, Florida 33467, and the name of the Corporation's initial registered agent for service
of process at such address is Robin L. Schupper.

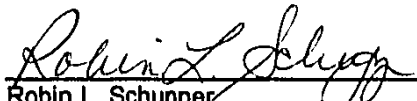
ARTICLE V

The name and address of the incorporator to these Articles of Incorporation is:
Robin L. Schupper, 7693 Thornlee Drive, Lake Worth, FL 33467.

IN WITNESS WHEREOF, I have hereunto set my hand this 28th day of
April, 1997.

ARTICLE VI

The specific purpose of this corporation is to engage in the practice of psychology
as a psychologist.


Robin L. Schupper
7693 Thornlee Drive, Lake Worth, FL 33467

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

97 MAY -1 PM 2: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 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: Robin L. Schupper, Psy.D., P.A.
2. The name of the registered agent and office is:

Robin L. Schupper
7693 Thornlee Drive, Lake Worth, Florida 33467

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.

SIGNATURE

Robin L. Schupper

DATE

4/28/97