# Florida Department of State

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From:

Account Name : ARIE MREJEN, P.A. Account Number : 072100000432

: (954)747-9780 Phone Fax Number

: (954)771-3047

# FLORIDA PROFIT CORPORATION OR P.A.

PEDIATRIC & ADULT CENTER FOR SPEECH LANGUAGE PATHOLO

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# ARTICLES OF INCORPORATION OF PEDIATRIC & ADULT CENTER FOR SPEECH PATHOLOGY, INC.

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

#### ARTICLE I: NAME

The name of the corporation is: PEDIATRIC & ADULT CENTER FOR SPEECH PATHOLOGY, INC.

### ARTICLE II; EFFECTIVE DATE

This corporation's existence shall commence on the date these Articles of Incorporation are filed with the Florida Secretary of State.

## ARTICLE III: PRINCIPAL OFFICE

The mailing address of this corporation is: C/O 4010 Galt Ocean Mile, Suite1603, Ft. Lauderdale, FL 33308

#### ARTICLE IV: CAPITAL STOCK

The number of shares that the corporation is authorized to have outstanding at any on time is ONE THOUSAND (1,000) shares of common stock having a par value of one dollar (\$1.00) per share.

#### ARTICLE V: GENERAL PURPOSE

The corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

THIS INSTRUMENT PREPARED BY:
ARIE MREJEN, ESQ.
701 W. CYPRESS CREEK RD.., SUITE 302
FORT LAUDERDALE, FLORIDA 33309
TEL: (954)771-3740
FAX: (954) 771-3047
FLORIDA BAR NO. 907219

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PAGE 03

# ARTICLE VI: INITIAL REGISTERED AGENT

The name and address of the initial registered agent is ARIE MREJEN, P.A., 701 W. Cypress Creek Rd., Suite 302, Fort Lauderdale, Florida 33309.

## ARTICLE VII: DURATION

The duration of the corporation is perpetual.

# ARTICLE VIII: INITIAL BOARD OF DIRECTORS

The number of directors constituting the INITIAL Board of Directors is two (2). The number of directors may be increased from time to time in accordance with the by-laws, but shall never be less than one. The names and mailing address of each of the initial members of the Board of Directors are:

Textie Gladwish

c/o 4010 Galt Ocean Mile, Suite 1603

Ft. Lauderdale, FL 33308

Cari Clarke

c/o 4010 Galt Ocean Mile, Suite 1603

Ft. Lauderdale, FL 33308

## ARTICLE IX: INCORPORATOR

The name of the incorporator is Arie Mrejen, P.A., 701 West Cypress Creek Rd., Suite 302, Fort Lauderdale, Florida 33309

#### ARTICLE X: AMENDMENT

The Corporation reserves the right to amend or repeal any provisions contained in these Articles Of Incorporation or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

ARIE MREJEN PA

PAGE 04

H98000022456

## ARTICLE XI: INDEMNIFICATION

The corporation shall indemnify each officer and director to the fullest extent permitted by law.

## ARTICLE XII: BYLAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in and is hereby reserved to the shareholders. Bylaws shall be adopted, altered, amended or repealed as provided therein.

In WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this

day of December, 1998.

Arie Mrejen, P.A.

By: Arie Mrejen, Esq.

Incorporator

\$98 DEC -2 AM 8: 57
\$600 SECRETARY OF STATE
BRALLAHASSEE, FLORID.

## CERTIFICATE OF DESIGNATION REGISTERED AGENT

Pursuant to the provisions of section 607.0501 of the Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida:

- I. The name of the corporation is PEDIATRIC & ADULT CENTER FOR SPEECH PATHOLOGY, INC.
- 2. The name and address of the registered agent is ARIE MREJEN, P.A. 701 W. Cypress Creek Rd., Suite 302, Fort Lauderdale, Florida 33309.

HAVING BEEN NAMED REGISTERED AGENT 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 TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH 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.

ARIFMREIEN, P.A.

: ARIF MREJEN, ESQ,

REGISTERED AGENT

December \_\_\_\_\_\_, 1999