Florida Department of State

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To:

Division of Corporations

Fax Number : (850)922-4001

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

PEREZ BEAUVIL, M.D., P.A.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

STATE OF FLORIDA

ARTICLES OF INCORPORATION

OF

Perez Beauvil, M.D., P.A.

The undersigned, acting as incorporator of a corporation under the Florida Corporation Act, adopt the following Articles of Incorporation:

FIRST: Corporate Name. The name of the corporation is Perez Beauvil, M.D., P.A.

SECOND: Term of Existence. This corporation shall have perpetual existence.

THIRD: Nature of Business. This corporation shall engage in the practice of psychiatric care under the laws of the United States and the state of Florida.

FOURTH: Capital Stock. This corporation is authorized to issue 100 shares of one dollar (\$1.00) par value common stock.

FIFTH: <u>Voting rights</u>. Except as otherwise provided by law the entire voting power for the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding common shares.

SIXTH: <u>Pre-emptive</u> <u>Rights</u>. Every shareholder upon the sale for cash of any new stock of this corporation of the same kind,

Robert Felix, CPA 9050 Pines Blvd Ste 359 Pembroke Pines, FL 33024 Telephone: (954) 436-8850 H99000011940

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class or series as that which he already holds, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price which it is offered to others.

SEVENTH: <u>Initial Principal Office of Registered Agent</u>: The street address of the initial registered agent and principal office of this corporation is:

2051 45th St. Suite 209 West Palm Beach, Florida 33407

and the name of the initial registered agent of this corporation at that address is

Perez Beauvil, M.D., P.A.

EIGHTH: Incorporator. The persons signing these Articles of Incorporation have the following names and addresses:

Perez Beauvil 2051 45th St., Suite 209 West Palm Beach, FL 33063

NINTH: By-Laws. The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the shareholders.

TENTH: Amendment. The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 17th day of May, 1999.

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(Incorporator)

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CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of section 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.

desiring Perez Beauvil, M.D., P.A. First-That (Name of Corporation) has with its to organize under the laws of the State of Florida (Florida) principal office, as indicated in the articles of incorporation Broward. West Palm Beach (City) City of (County) Perez Beauvil has named Florida State of (Name of Resident Agent) (State) 2051 45th St., Ste 209 located at (Street address and number of building Post Office Box Address not acceptable) Palm Beach State of , County of West Palm Beach City of (County)

(County)

Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

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 obligation of my position as registered agent.

By Signatur

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Registered Agent

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