

P99000061930

Date: 06/25/99

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: DIES & DIES CLINICAL PSYCHOLOGISTS, P.A.

100002323521--4  
-07/06/99--01084--001  
\*\*\*\*122.50 \*\*\*\*\*78.75

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

*Robert Dies, Ph.D.*

Robert Dies

Dies & Dies Clinical Psychologists, P.A.  
5610 Grand Blvd.  
New Port Richey, FL 34652-3811  
(727) 841-0044

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1999 JUL -6 AM 8 45

FILED

R. Purinton JUL 13 1999

FILED

1999 JUL -6 AM 8 45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
Of  
**DIES & DIES CLINICAL PSYCHOLOGISTS, P.A.**

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I – CORPORATE NAME**

The name of the corporation is: DIES & DIES CLINICAL PSYCHOLOGISTS, P.A.

**ARTICLE II – DURATION**

This corporation shall exist perpetually unless dissolved according to Florida Law.

**ARTICLE III – PURPOSE**

The corporation is organized for the purpose of engaging in a clinical psychology practice permitted under the laws of the United States and the State of Florida.

**ARTICLE IV – CAPITAL STOCK**

The corporation is authorized to issue one thousand shares (1,000) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

**ARTICLE V – INITIAL REGISTERED OFFICE AND AGENT**

The principle office, if known, or the mailing address of the corporation is:

NAME:	Dies & Dies Clinical Psychologists, P.A.		
ADDRESS:	5610 Grand Blvd.		
CITY:	New Port Richey,	FLORIDA	ZIP: 34652-3811

The name and street address of the Initial Registered Agent of this Corporation is:

NAME:	Robert Dies		
ADDRESS:	5610 Grand Blvd.		
CITY:	New Port Richey,	FLORIDA	ZIP: 34652-3811

**ARTICLE VI – INITIAL BOARD OF DIRECTORS**

This corporation shall have two (2) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME:	Robert Dies		
ADDRESS:	5610 Grand Blvd.		
CITY:	New Port Richey,	FLORIDA	ZIP: 34652-3811
NAME:	Kathryn Dies		
ADDRESS:	5610 Grand Blvd.		
CITY:	New Port Richey,	FLORIDA	ZIP: 34652-3811

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME:	Robert Dies		
ADDRESS:	5610 Grand Blvd.		
CITY:	New Port Richey,	FLORIDA	ZIP: 34652-3811
NAME:	Kathryn Dies		
ADDRESS:	5610 Grand Blvd.		
CITY:	New Port Richey,	FLORIDA	ZIP: 34652-3811

IN WITNESS OF, the undersigned subscriber(s) have executed these Articles of Incorporation this 30 day of June, 1999.



Cheryl A Chmura  
My Commission CC731282  
Expires April 6, 2002

(Seal)

(Seal)

(Seal)

State of Florida )  
County of Pasco ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Robert Dies PhD.  
Signature

Driver's License  
Form of Identification

Kathryn Dies PhD.  
Signature

Driver's License  
Form of Identification

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Form of Identification

Known to me and known to the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath (was) (was not) taken.

State last aforesaid this 30 day of June, 1999

Witness my hand and official seal in the County and

Cheryl A Chmura  
Notary Signature

Cheryl A Chmura  
Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

*CERTIFICATE OF REGISTERED AGENT OF*

**DIES & DIES CLINICAL PSYCHOLOGISTS, P.A.**

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with its  
registered office as indicated in the Articles of Incorporation at **5610 Grand Blvd.** has  
named **Robert Dies** located at the aforesaid address, as its Registered Agent to accept  
service of process within this state.

**ACKNOWLEDGEMENT**

Having been named Registered Agent to accept service of process for the above stated  
corporation at the place designated in this certificate, and being familiar with the  
obligations of that position, I hereby accept to act in this capacity, and agree to comply  
with the provisions of Florida Law in keeping open said office.

*Robert Dies P.A.*  
(Registered Agent)

1999 JUL -6 AM 8 45  
TALLAHASSEE, FLORIDA

FILED