

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : REGISTERED AGENTS INC.
 Account Number : 120090000081
 Phone : (307)200-2803
 Fax Number : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2023 NOV 20 AM 7:38

FLORIDA PROFIT/NON PROFIT CORPORATION
Pitanguy Aesthetic Medical Society Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

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ex

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Pitanguy Aesthetic Medical Society Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7901 4th St N

STE 300

St. Petersburg, FL 33702

Mailing address, if different is:

7901 4th St N

STE 300

St. Petersburg, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Empowering Aesthetic Excellence: Innovation, Expertise, and Care at Pitanguy Aesthetic Medical Society.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Per Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pitanguy, Dr. H R (D)

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

Name and Title: Dura, Dr. Reinaldo (D)

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

Name and Title: Alves de Almeida, Dr. Rodolfo Roberto(D)

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

Name and Title: Machado, Dr. Daniel Dias (D)

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FL
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Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agents Inc
Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robin Jones
Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

David Roberts

Required Signature of Registered Agent

11/20/2023

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robin Jones

Required Signature of Incorporator

11/20/2023

Date

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