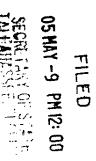
## P0300014974/

	_
(Requestor's Name)	
(Address)	_
(Address)	
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	7

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C. Coullierre MAY 1 7 2005

## **COVER LETTER**

TO: Amendment Section Division of Corporations	5			
NAME OF CORPORATIO	N: Nemero	City Plastic	Surgery	, P.A.
DOCUMENT NUMBER: _	P\$ 3\$\$\$	149741		
The enclosed Articles of Ame	endment and fee are	submitted for filing.		
Please return all corresponder	nce concerning this	matter to the followi	ng:	
Robe.	Nemer (Name of	Contact Person)		
<del></del>	(Firm	(Company)		_
16 Ros	ewood L	ddress)		
Derville	(City/ State	77834 (and Zip Code)	<u>:</u>	
For further information conce				
Robert Nemer	rashy, m.D	)_at (973)_(Area Code &	885 - 5  Daytime Telephore	835
Enclosed is a check for the fol		<b>\</b>	<b>.</b>	,
	5 Filing Fee & icate of Status	☐ \$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Cis C	52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is enclosed)
Mailing Address Amendment Section		Street Ad- Amendme		

Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to
Articles of Incorporation
of Control
Nemerofsky Plastic Surger, P.A
(Name of corporation as currently filed with the Florida Dept. of State)
PØ3000149741
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Nemerofsky Plastic Surgery Corporation
Memerofsky Phristic Surgery Corporation "Corp.," "Inc.," or "Co.")  (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: ( <u>BE SPECIFIC</u> )
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: April 28, 2005				
Effective date if applicable: (no more than 90 days after amendment file date)				
Adoption of Amendment(s) (CHECK ONE)				
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.				
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):				
"The number of votes cast for the amendment(s) was/were sufficient for approval by				
(voting group)				
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.				
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.				
Signed this 28 day of April , 2005.				
Signed this 28 day of April 2005. Signature Robert B. Memerof hy, mp.				
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
Robert B. Nemerofiky, M.D. (Typed or printed name of person signing)				
President (Title of person signing)				
(Title of person signing)				

FILING FEE: \$35