

P04000118736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

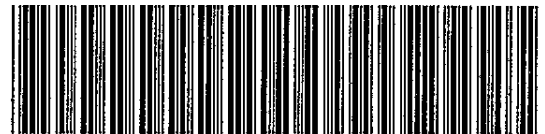
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800040053388

08/16/04--01039--002 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
04 AUG 16 PM 2:52

Handwritten initials

TRANSMITTAL LETTER

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

SUBJECT: Alyne medical Rejuvenation Institute, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Lynne Wlexich
Name (Printed or typed)

4775 Collins Ave Unit 1002
Address

Miami Beach FL 33140
City, State & Zip

305 534 0451
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
-SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 16 PM 2:52

ARTICLE I NAME

The name of the corporation shall be:

Alyne medical Rejuvenation Institute, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1733 East Hallandale Beach Blvd
Hallandale Beach, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide health care

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Alberto Sant Antonio, MD - secretary/treasurer
4775 Collins Ave, Unit 1002 Miami Beach FL 33140

Lynne Ulevich PA-C President
4775 Collins Ave, Unit 1002 Miami Beach, FL 33140

ARTICLE VI REGISTERED AGENT

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

Alberto Sant Antonio
4775 Collins Avenue, Unit 1002
Miami Beach FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lynne Ulevich
4775 Collins Avenue Unit 1002
Miami Beach FL 33140

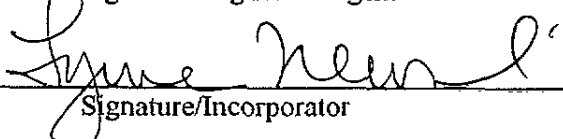
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/11/04

Date



Signature/Incorporator

8/11/04

Date