

PD5000092403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

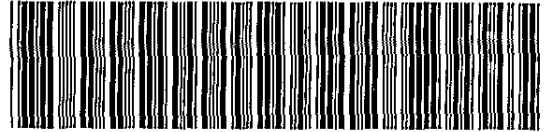
(Business Entity Name)

(Document Number)

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06/17/05--01045--006 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 JUN 29 AM 9:55

MRS  
6/29

005-30057





FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 20, 2005

RICARDO DE ARMAS PALOMERA, M.D.  
6301 COLLINS AVENUE  
#TS-08  
MIAMI BEACH, FL 33141-4657

SUBJECT: BEAUTY BY DOCTORS, PA  
Ref. Number: W05000030057

We have received your document for BEAUTY BY DOCTORS, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

A copy of a license or other legal authorization verifying the rendering of a personal service must accompany your articles of incorporation as a professional association.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist  
New Filings Section

Letter Number: 805A00042122

RECEIVED  
05 JUN 29 AM 9:30  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUN 29 AM 9:55

**ARTICLE I NAME**

The name of the corporation shall be:

Beauty By Doctors, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

4201 Palm Avenue, Suite 2BB  
Hialeah, Fl. 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Services

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Ricardo De Armas Palomera, MD Director/Officer  
6301 Collins Ave #TS-08  
Miami Beach, Fl. 33141-4657  
Josefina F. Tur, MD Director/Officer  
16583 NW 83rd Place  
Miami, Fl. 33016

**ARTICLE VI REGISTERED AGENT**

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

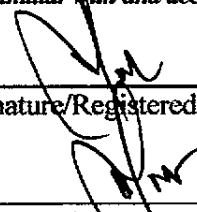
Ricardo De Armas Palomera, MD.  
4201 Palm Avenue, Suite 2BB  
Hialeah, Fl. 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ricardo De Armas Palomera, MD.  
4201 Palm Avenue, Suite 2BB  
Hialeah, Fl. 33012

\*\*\*\*\*  
*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

6/8/05  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

6/8/05  
\_\_\_\_\_  
Date