P08000035529

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000088286 3)))

H08000088286 3ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : SMITH, GAMBRELL & RUSSELL LLP
Account Number : I20020000143
Phone : (404)815-3538
Fax Number : (404)815-3509

RECEIVED
08 APR -7 PM 2:49
DIVISION OF CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATION

Physicians Med Spa, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

APPROVED AND FILED
08 APR -7 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

B. McKnight APR 08 2008

ARTICLES OF INCORPORATION
OF
PHYSICIANS MED SPA, P.A.

The undersigned, as Incorporator, forms a professional service corporation within the meaning of Florida Statutes, Chapter 621, and the applicable provisions of Florida Statutes, Chapter 607.

ARTICLE I – NAME

The name of the corporation is PHYSICIANS MED SPA, P.A. (the "Corporation").

ARTICLE II – ADDRESS

The address of the principal office of the Corporation is 11512 Lake Mead Avenue, #521, Jacksonville, FL 32256.

ARTICLE III – PURPOSE

The Corporation is organized, and shall be operated, to render "professional services" within the meaning of Florida Statutes, Chapter 621, in the practice of medicine and each of its sub-specialties as carried on by persons licensed in, or otherwise legally authorized to engage in, such practice in this State.

The Corporation shall render its professional services only through its officers, agents and employees who are duly licensed or otherwise legally authorized within the State of Florida to render the same professional services as the Corporation.

ARTICLE IV – CAPITAL STOCK

The Corporation is authorized to issue 1,000 shares of common stock, all of which shall be of the par value of $1.00 per share.

ARTICLE V – INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Corporation is 11512 Lake Mead Avenue, #521, Jacksonville, FL 32256, and the name of its initial registered agent at such address is ALEXANDER MOORE.

ARTICLE VI – INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors of the Corporation shall be one (1) and the name and address of such person who is to serve as a member thereof is:

NAME	ADDRESS
DR. ALEXANDER MOORE	11512 Lake Mead Avenue, #521 Jacksonville, FL 32256

ARTICLE VII – INCORPORATOR

The name and address of the Incorporator are ALEXANDER MOORE, 11512 Lake Mead Avenue, #521, Jacksonville, FL 32256.

ARTICLE VIII – AMENDMENT

The Corporation reserves the right to amend, alter, change or repeal any provision contained in its Articles of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon the shareholders herein are granted subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 2 day of April, 2008.

Alexander Moore - Incorporator

CERTIFICATION OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the below named Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is PHYSICIANS MED SPA, P.A.

2. The name and address of the registered agent and office are ALEXANDER MOORE, 11512 Lake Mead Avenue, #521, Jacksonville, FL 32256.

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Alexander Moore - Registered Agent

Date: April 2, 2008

APPROVED AND FILED
08 APR -7 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SGRJA 22645.1