

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : 120000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

FLORIDA PROFIT CORPORATION OR P.A.

ANTI-AGING GROUP OF AVENTURA, P.A.

Certificate of Status	1
Certified Copy	1
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ARTICLES OF INCORPORATION OF
ANTI-AGING GROUP OF AVENTURA, P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I.

CORPORATE NAME

The name of this corporation shall be: ANTI-AGING GROUP OF AVENTURA, P.A.

ARTICLE II.

NATURE OF CORPORATE BUSINESS

This Corporation, through its officers and employees, shall be authorized to engage in every aspect of the practice of medicine within the State of Florida and to engage in any activity which will facilitate and promote the practice of medicine. Additionally, this Corporation shall have the authority to invest its funds in real estate, mortgages, stocks, bonds and all other types of investments permitted by Chapter 621, Florida Statutes, as amended. This Corporation shall not be authorized to engage in any business other than the practice of medicine and those activities permitted by Chapter 621, Florida Statutes, as amended.

ARTICLE III.

CAPITAL STOCK

This Corporation is authorized to issue a maximum of One Thousand (1,000) shares of common stock having a par value of One Dollars (\$1.00) per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV.

INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Corporation's initial Registered Agent and Registered Office in the State of Florida shall be: MICHAEL W. PERLMAN, 21475 East Dixie Highway, Aventura, Florida 33180.

ARTICLE V.

MAILING ADDRESS OF CORPORATION

The Corporation's mailing address shall be: 21475 East Dixie Highway, Aventura, Florida 33180.

ARTICLE VI.

BOARD OF DIRECTORS

The number of Directors may be altered from time to time by By-Laws adopted by the Stockholders. However, the Corporation shall have no less than one (1) Director at any time.

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Stockholders. However, the Corporation shall have no less than one (1) Director at any time.

ARTICLE VII.

INITIAL DIRECTOR

The name and post office address of the first Director of the Corporation is:

Name

Address

MICHAEL W. PERLMAN

21475 East Dixie Highway,
Aventura, Florida 33180.

The first Director shall hold office until the first annual meeting of the Stockholders of the Corporation.

ARTICLE VIII.

INCORPORATOR

The name and post office address of the Incorporator executing these Articles of Incorporation is:

Incorporator

Address

MICHAEL W. PERLMAN

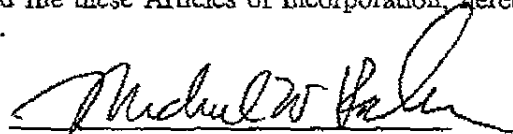
21475 East Dixie Highway,
Aventura, Florida 33180.

ARTICLE IX.

APPLICABILITY OF PROVISIONS OF PROFESSIONAL SERVICE CORPORATE ACT

This Corporation is organized to constitute a professional corporation as defined by the Professional Service Corporation Act, Florida Statutes Chapter 621. Accordingly, this Corporation, its officers, directors and stockholders, shall be subject to all the Sections of said Act concerning the formation of the Corporation, the conduct of its business and the liabilities, rights, privileges and immunities of the Corporation, its officers, directors and stockholders, as specified in Chapter 621, Florida Statutes, as amended.

THE UNDERSIGNED Incorporator, for the purpose of forming a Corporation to do business within the State of Florida, does make and file these Articles of Incorporation, hereby declaring and certifying that the facts stated are true.


MICHAEL W. PERLMAN

12/19/2003 13:08 FAX 3059339393

SERBER ASSOC

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STATE OF FLORIDA

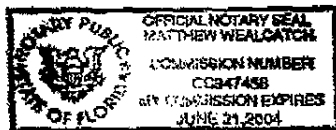
: SS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, appeared MICHAEL W. PERLMAN who is personally known to me or who has produced EL PL as identification, and acknowledged that he/she/they executed said Articles of Incorporation, and who did take an oath.

WITNESS my hand and seal in the State and County aforesaid, this 19th day of December, 2003.




NOTARY PUBLIC, State of Florida

Print Name: _____

My Commission Expires: _____

The undersigned hereby accepts the foregoing designation as initial Registered Agent and agrees to comply with the provisions of law applicable to said designation.


MICHAEL W. PERLMAN, Registered Agent

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