2010 6:47 8502050846 CORPDIRECT AGENTS For 1/04 https://efite.sunbiz.org/scripts/efilcovr.ex/ Florida Department of State Division of Corporations Electronic Filing Cover Sheet
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To: Division of Corporations Fax Number : (850) 617-6381 From: Account Name : CORPDIRECT AGENTS, INC. Account Number : 110450000714 Phone : (850) 222-1173
Fax Number : (850)224-1640 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:
FOREIGN PROFIT/NONPROFIT CORPORATION AGELESS AESTHETIC INSTITUTE, INC.
Certificate of Status 0 Description   Certified Copy 1
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PAGE 02/04

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APPLICATION BY FOREIGN NOT FOR PROF! CONDUCT ITS AFFAIRS IN FLORIDA	T CORPORA'II	on for authori	ZATION	r <b>o</b> -	
IN COMPLIANCE WITH SECTION 617, 1503, FLORIDA S REGISTER A FOREIGN NOT FOR PROFIT CORPORATI THE STATE OF FLORIDA:	ON FOR AUTHOR	UZATION TO CONDUC	TTIS AFFA		1
Aceless Aesthe	etic Institute. I	nc.			
1. Ageless Aesthe (Nime of corporation: must include the word "[NCORPORAT] import in language as will clearly indicate that it is a corporatio in the name at present. "Company" or "Co." may not be used as	BD" or "CORINRA" n instead of a natura a corporate suffix b	IDN" or words or abbrev l person or partnership if n y a posprofit corporation.)	ations of like of so containe	d	
o Ohio 3		20-2004887			
2. Ohio 3. (Stote or country under the law of which it is incorporated)	(PEI	number, il applicable)			
a 12/01/04 5		Perpetual			
4. <u>12/01/04</u> 5. (Date of Incorporation)	Duration: Year 4	orp, will cease to exad or "	perpetual")		
6. January 7. c/o Balanced Bookkeeping Services, LLC, Atten: Jeff Sa void Balanced Bookkeeping Services, LLC, Atten: Jeff Sa	Way, MBA, 3452 f	sirway Common Drive,	Hilliard, OH	43219.	
(Current)	multing acortino)				
AAI conducts conferences to teach other physicians how 8. these semigrams were held in the state of Florida.	-	•	, For 2010, n	n <b>est</b> of	
(Purpose(s) of corporation authorized in home state or country	to be carried out in i	the state of Flonda)		DEC	-11
9. Name and <u>street address</u> of Florida registered agent: (P.C	). Box <u>NOT</u> accept	table)	TARY LASSE	C 20	
Name: Sharon McQuillan, MD			10.9 CD	A	Ċ
Office Address: 16107 Emeraid Estates Drive				يە 5	-
Weston	Florida	33331	·****	-1	
(City)					
		(Zip Code)			

10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the ploca designated in this application. 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 relative to the proper and complete performance of my duties, and I am famillar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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		esses of officers and/or direct	ions:		
A. DIRE	CTORS	```			
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Director:	Sharon Mo			•	<b></b>
Address:	16107 Em	eraid Estates Drive We	ston, FL 33331		
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Director:_			· · · · · · · · · · · · · · · · · · ·		, 
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	If necessary	, you may attach an addendu	m to the application listing additional office	ers and/or directors.	•
13	<u>(Signatur</u>	col Chairman, Vice Chairma	m, or any officer listed in number 12 of the	application)	
14			ron McQuillan, MD		

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## United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AGELESS AESTHETIC INSTITUTE, INC., an Ohio not for profit corporation, Charter No. 1505512, having its principal location in Columbus, County of Franklin, was incorporated on December 01, 2004 and is currently in GOOD STANDING upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 20th day of December, A.D. 2010

**Ohio Secretary of State** 

Validation Number: V2010354D97408

H10000272939 3