

Document Number Only

99000004146

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

800002954028-5

-08/09/99-01074-006

*****70.00 *****70.00

CORPORATION(S) NAME

W99-18382

The Plastic Surgery Company

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Fict. Filing
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
- UCC-1 UCC-3
- CUS
- After 4:30
- Pick Up

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99 AUG 12 AM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA
Wg/12

Name
Availability
Document Examiner
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Verifier
Acknowledgment
W.P. Verifier

Please Return Extra Copy(s)
Filed Stamp

Thanks, Melanie ☺

AUG - 9

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99 AUG - 9 AM 11:19



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 9, 1999

File
CT CORPORATION SYSTEM
ATTN: MELANIE

SUBJECT: THE PLASTIC SURGERY COMPANY
Ref. Number: W99000018382

*d-b-a Advanced-Cosmetic Surgery
Center, Inc.*

We have received your document for THE PLASTIC SURGERY COMPANY and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return 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) 487-6958.

To: Lee Rivers
Document Specialist

Letter Number: 599A00040112

*Pick-up Today
8-12-99*

99AUG12 11:01

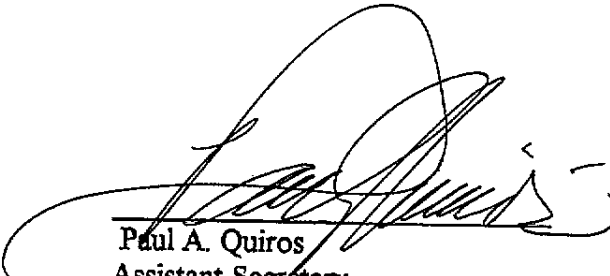
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RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Paul A. Quiros, do hereby certify that this Resolution of the Board of Directors of The Plastic Surgery Company, a corporation duly organized and existing under the laws of the State of Georgia, was duly adopted on August 10, 1999.

Resolved, that The Plastic Surgery Company organized and existing in the state of Georgia, hereby adopts the name Advanced Cosmetic Surgery Center, Inc. for use in Florida.

Dated: August 10, 1999


Paul A. Quiros
Assistant Secretary

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TALLAHASSEE FLORIDA

(FLA. -2091 - 4/5/95)

CT System

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- 1. The Plastic Surgery Company
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

- 2. Georgia
(State or country under the law of which it is incorporated)

- 3. 58-2317410
(FEI number, if applicable)

- 4. April 30, 1997
(Date of incorporation)

- 5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

- 6. upon qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

- 7. 104 West Anapamu Street, Suite G, Santa Barbara, California 93101

(Current mailing address)

8. To provide services to Board Certified Plastic Surgeons.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

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TALLAHASSEE FLORIDA

10. Registered agent acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place 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 familiar with and accept the obligation of my position as registered agent.

C. T Corporation System

Dale W. Morris

(Registered agent's signature) (Officer)

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

(Type Name and Title of Officer)

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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

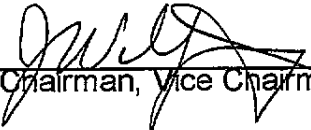
Address: _____

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TALLAHASSEE FLORIDA

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Johathan E. Wilfong, Chairman of the Board _____
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

**LIST OF OFFICERS AND DIRECTORS
FOR
THE PLASTIC SURGERY CENTER**

OFFICERS

Dennis E. Condon
Gunnar Sundstrom
David H. Challoner
Patricia A. Altavilla

Janet A. Bivens

President
Chief financial Officer
Chief Development Officer
Executive Vice President of Marketing
and Business Planning
Secretary

DIRECTORS

Jonathan E. Wilfong
Dennis E. Condon
Robert A. Ersek, M.D., F.A.C.S.
Richard A. Mladick, M.D., F.A.C.S.
John C. Schantz, M.D., F.A.C.S.
W. Grant Stevens, M.D., F.A.C.S.
Paul A. Quirós

Chairman of the Board of Directors
Director
Director
Director
Director
Director
Director

BUSINESS ADDRESS

104 West Anapamu Street
Suite G
Santa Barbara, California 93101

(For Paul A. Quirós only)
191 Peachtree Street
Suite 4900
Atlanta, Georgia 30303-1763

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TALLAHASSEE FLORIDA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : K92150169
CONTROL NUMBER : K714709
DATE INC/AUTH/FILED: 04/30/1997
JURISDICTION : GEORGIA
PRINT DATE : 08/03/1999
FORM NUMBER : 211

C T CORPORATION SYSTEM
ATTN: INGRID ROLKE
1201 PEACHTREE ST NE STE 1240
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia do hereby certify under the seal of my office that

THE PLASTIC SURGERY COMPANY
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Cathy Cox
Secretary of State

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