Florida Academy of Cosmetic Surgery

Administrative Office 832 N.W. 57th Street Gainesville, Florida 32605 352-331-6661

500002773046--8 -02/11/99--01064--004 ****122.50 *****78.75

•	ARTICLES	<i>OF INCO</i>	RPORATION			
		of				
Florida	Academy (ha	me of corpo	Cosmetic ration)	S Soco	jery,	Inc.
The undersigned acting as the following articles of incorporate	the incorporators of a co ration for such corporati	orporation un on:	der Chapter 61	7 Florida	Non-Pro	fit adopts
	ARTICLE	I - CORPO	RATE NAME			
The name of the corporation	on is: Academy	of (1 osmetic	Surge	xy)	Inc.
	ARTI	CLE II - DU	<i>RATION</i>		9	VISI VISI VISI VISI VISI VISI VISI VISI
This corporation shall exis					LED	RETERVE
	ART	ICLE III - P	URPOSE		,	TRAP ST
The corporation is organiz United States and the State of F. continued education for	lorida. To Insure th	ne safety	of comestic p	atience_an	underth	ified NS
Stock is not require	ARTICL		ons			
The street address of the in			INCIPAL OFFICE t, the mailing addre			
STREET ADDRESS 83	2 N.W.	57th.	54.	- 11 An		
CITY Gainesville	2		FLORIDA		ZIP 3	2605
Mailing address, if diffe	erent			- - -		-
STREET ADDRESS				-·- - :	.	<u> </u>
CITY			FLORIDA		ZIP	
	ARTICLE VI - INITIAI	REGISTE	RED OFFICE AN	VD AGENT		
The street address of th					agent at	the office is:
NAME Kurt 5			MD	-		
ADDRESS 2060	May VROA	1	1. i+ F.	1		

ZIP 34233

FLORIDA

CITY

· ARTICLE VII - INITIAI	BOARD OF DIRECTORS	 .
This corporation shall have $four$ (. 1	=.
either increased or diminished from time to time by the By-Lav	ws, but shall never be less than	number of directors may be one (1). The names and
addresses of the initial director(s) of the corporation are as follows:	ows:	- -
NAME Charles E. Graper, MD	DDS Preside	· +
ADDRESS 832 N.W. 57th St.	1	-
CITY Gainesville	STATE [= ZIP 37605
NAME R. Gregory Smith MD	Vice - Pres	ident
ADDRESS 2 2 2 1 1	0.	=-
CITY Pouls Vacda Ball	e Circle STATE EI	770 = -0 =
NAME TO CHAIR DEACH		ZIP 32082
- Ira un lesinger mi)	Decretary	— D C706
ADDRESS 1783 South Citation	Frive Suite	D-500 2021
CITY Delray Beach	STATE FL	ZIP 33 445
Kurt S. Dans MD, DMD, Tree 3900 Clark Road Unit ARTICLE VIII-1	ISU CEY INCORPORATORS	
Sara sota, FL 34233 The names and addresses of the incorporators signing these Art	icles of Incorporation are as fol	lows:
NAME (1)	K-6-	
ADDRESS C	DDS	
commy C:	OTTAKE P	<u> </u>
Dainesville	STATE FL	ZIP 32605
NAME R. Gregory Smith		<u>=</u>
ADDRESS 3201 Sawgrass Village	Circle	
CITY Ponte Verde Beach	STATE T	ZIP 32082
NAME Ira Schlesinger, MD	· · · · · · · · · · · · · · · · · · ·	
ADDRESS 4783 South C 4809 Lin	ton Blud Sile	= D-500
CITY Delray Beach.	STATE L	ZIP 33445
he undersigned incorporator(s) have executed these Artic	eles of Incorporation this	=
ay of	. 19 <i>99</i>	-
		—
	41.1.9.M	
Cho	ries E. Graper MD	(Signature)
\mathcal{L}	the and that is	, A
R	Gregory Smith, MD	(Signature)
	Loe Sollong	2 P(Signature)
Ire	y Schlegnight, MD	
Flore 215. A DETICAL FOR OF DISCOVERS THE CO	Alpha S. Dangl, MD, I	(Signature)
Form 215: ARTICLES OF INCORPORATION, PAGE 2 PAGE 2	no o wangijino)	>M D SEMINOLE-MIAMI (8.93)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
99 FEB 11 AM 11:32

Florida Academy of Cosmetic Surgery, Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

****		A ALCIOS OI IIIC	orporation				
at	832	N. W.	57+K St	= 3900	Clark	Road	Unit-E-1
	Gain		Florida	_			34233
has nar	ned <u>K</u>		Danal.	MD, DM)		5,000

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and 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.

x Helyling 2-5-99 (Date)