

P0000015466

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.
(Requestor's Name)

3320 S.W. 87th AVENUE
(Address)

MIAMI, FLORIDA (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

00 FEB 14 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 FEB 14 AM 11:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

FILED

RECEIVED

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. COCONUT GROVE PLASTIC SURGERY
(Corporation Name) (Document #)
2. MANAGEMENT, INC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2:00 Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

2/14

700003133887-7
-02/14/00--01060-013
*****78.75 *****78.75

Examiner's Initials

FILED
00 FEB 14 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

OF

Coconut Grove Plastic Surgery Management, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I **NAME**

The name of the corporation shall be Coconut Grove Plastic Surgery Management, Inc
The specific nature of business is conduct in PLASTIC SURGERY.

ARTICLE II **DURATION**

~~This corporation shall have perpetual existence commencing on the date of the filing of these articles with the Department of State.~~

ARTICLE III **PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be 2912 South West 27th Avenue, Miami, Florida 33133.

ARTICLE IV **CAPITAL STOCK**

~~This corporation is authorized to issue 500 shares of \$1.00 par value common stock which shall be designated "Common Shares".~~

ARTICLE V **INITIAL REGISTERED AGENT AND STREET ADDRESS**

The street address of the initial registered office of this corporation is 2912 S.W. 27th Avenue, Miami, FL 33133 and the name of the initial Registered Agent of this corporation at that address is Myron M. Persoff, M.D.

ARTICLE VI **INITIAL BOARD OF DIRECTORS**

This corporation shall have One (1) Director constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the Bylaws. The name and address of the initial Board of Directors of this corporation is:

NAME ADDRESS

MYRON M. PERSOFF, M.D.

2912 S.W. 27th Ave, Miami, FL 33133

ARTICLE VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

<u>NAME</u>	<u>ADDRESS</u>
MYRON M. PERSOFF, M.D.	2912 S.W. 27 th Ave., Miami, FL 33133

ARTICLE VIII INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE IX AMMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

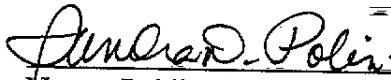
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 10th day of Feb, 2000


MYRON PERSOFF, Subscriber

STATE OF FLORIDA COUNTY OF DADE

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared MYRON M. PERSOFF known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and county aforesaid, this 10th day of February, 2000



Notary Public, State of Florida at Large

My commission Expires:



Sandra D Polin
My Commission CC834599
Expires May 9, 2003

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 ALC 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.



SIGNATURE

2/10/00

DATE

FILED
00 FEB 14 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA