

P 00000036568

INCORPORATION LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR -6 PM 1:39

FILED

SUBJECT: Summit Hair Transplant Clinics, Inc.
(Proposed corporate name - must include suffix)

600003198346--7
-04/06/00--01063--010
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: PAUL T. ROSE, MD
Name (Printed or typed)

3023 EASTLAND Blvd. Suite # 113
Address

CLEARWATER, FLORIDA 33761
City, State & Zip

727-726-5339
Daytime Telephone number

F. OREGON APR 11 2000

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Summit Hair Transplant Clinic's, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3023 Eastland Blvd,
Suite 113
Clearwater, Florida 33761

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time

7,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

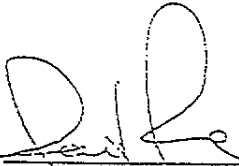
The name and Florida street address of the initial registered agent are:

Paul T. Rose, MD, PA
3023 Eastland Blvd, Suite 113
Clearwater, FL 33761

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Paul T. Rose, MD, PA
3023 Eastland Blvd, Suite 113
Clearwater, FL 33761



Signature Incorporator

March 20, 2000

Date

(An additional article must be added if an effective date is requested.)

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.



Signature Registered Agent

March 20, 2000

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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