P01000085979

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FILED
2006 JAN -9 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.

G. Coulliette JAN 13 2006

**COVER LETTER**

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** COSMABELLA, INC., CENTER FOR AESTHETIC AND RECONSTRUCTIVE SURGERY

**DOCUMENT NUMBER:** P01000859 79

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MS. JENNIFER ARABITG
(Name of Contact Person)

COSMABELLA, INC
(Firm/ Company)

8940 CONROY-WINDEMERE ROAD
(Address)

ORLANDO, FL 32835
(City/ State and Zip Code)

For further information concerning this matter, please call:

MS JENNIFER ARABITG at (407) 876-9515
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address**
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

COSMABELLA, INC. CENTER FOR AESTHETIC AND RECONSTRUCTIVE SURGERY

(Name of corporation as currently filed with the Florida Dept. of State)

P01000085 79 FEI-59-3347410

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

FILED
2006 JAN -9 PM 12:07
TALLAHASSEE, FLORIDA

**NEW CORPORATE NAME (if changing):**

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

CORRECTION OF FEI NUMBER
THE FEI NUMBER SHOWN ON YOUR WEB PAGE IS INCORRECT AND MUST BE CHANGED TO 59-3747410. PLEASE NOTE THE TWO DIFFERENT FEI NUMBERS USED IN YOUR DOCUMENTS.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

**The date of each amendment(s) adoption:** N/A

**Effective date if applicable:** N/A
(no more than 90 days after amendment file date)

**Adoption of Amendment(s)** **(CHECK ONE)**

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature X Richard Arabito MD
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RICHARD ARABITO, MD
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

**FILING FEE: $35**