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(Business Entity Name)

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**TRANSMITTAL LETTER**

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

SUBJECT: INSTITUTE OF COSMOPLASTIC SURGERY, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$70.00<br>Filing Fee | <input checked="" type="checkbox"/> \$78.75<br>Filing Fee<br>& Certificate of Status | <input type="checkbox"/> \$78.75<br>Filing Fee<br>& Certified Copy | <input checked="" type="checkbox"/> \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate of<br>Status |
| <b>ADDITIONAL COPY REQUIRED</b>                |  |  |  |

FROM: CHRISTINA PAVLAN, MD  
Name (Printed or typed)

3226 W. Kennedy Blvd.  
Address

TAMPA, FL 33609  
City, State & Zip

813-846-1287  
Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

INSTITUTE OF COSMOPLASTIC SURGERY, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

3226 W. Kennedy Blvd. TAMPA, FL 33609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

COSMETIC SURGERY / MEDICAL PRACTICE

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

|                        |     |                          |
|------------------------|-----|--------------------------|
| CHRISTINA PAYLAN, M.D. | 51% | Address<br>Same as above |
| WAIL SARJEH, M.D.      | 49% | same as above            |

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CHRISTINA PAYLAN, MD  
3226 W. Kennedy Blvd. TAMPA, FL 33609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

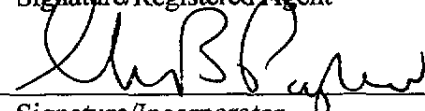
CHRISTINA PAYLAN, MD  
3226 W. Kennedy Blvd. TAMPA, FL 33609

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

11/17/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/18/04  
\_\_\_\_\_  
Date