

P04000162834

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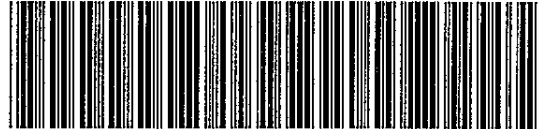
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INSTITUTE OF COSMOPLASTIC SURGERY
(Name of corporation)

DOCUMENT NUMBER: PO4000162834

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTINA PAULAN, MD
(Name of contact person)

INSTITUTE OF COSMOPLASTIC SURGERY
(Firm/Company)

3226 W. Kennedy Blvd.
(Address)

Tampa, FL 33609
(City/state and zip code)

For further information concerning this matter, please call:

CHRISTINA PAULAN at 813, 846-1287
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

ARTICLES OF CORRECTION

for

INSTITUTE OF COSMOPLASTIC SURGERY, Inc.

Name of Corporation as currently filed with the Florida Dept. of State

PO4000162834

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These Articles of Correction correct Articles of Incorporation

(Document Type)

filed with the Department of State on Dec 3, 2004 11-29-2004

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

UNDER INTIAL OFFICERS AND/OR DIRECTORS

CHRISTINA PAYLAN, MD 5/1.

WAIL SARUH, MD 4/1.

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TALLAHASSEE, FLORIDA

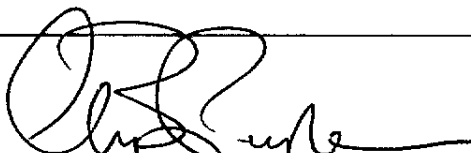
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Correct the inaccuracy, incorrect statement, or defect:

KAPRIVEL PAYLAN 90% President

CHRISTINA PAYLAN 5% Vice-President

WAIL SARUH 5% Secretary



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

CHRISTINA PAYLAN

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35.00