P05000106720

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000183845 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (786)206-9053

FLORIDA PROFIT CORPORATION OR P.A.

Gainsville Med Spa P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

FILED
2005 AUG -1 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Public Access Help

T. Hampton AUG 02 2005

H05000183845 3

ARTICLES OF INCORPORATION

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

FILED
2005 AUG -1 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GAINSVILLE MED SPA P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4750 NORTH WEST 31ST. AVENUE
GAINSVILLE, FL 32616

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to provide medical services and products.

ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE $0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers:

President: JOHN F. BYRNE JR A.P., L.M.T.
5637 BLUE SHADOWS CT.
ORLANDO , FLORIDA 32811

Vice-President: DR. ANGELA LEONE D.C
5637 BLUE SHADOWS CT.
ORLANDO , FLORIDA 32811

Secretary: SOPHIA LEONE
4750 NORTH WEST 31ST. AVENUE
GAINSVILLE, FLORIDA 32616

H05000183845 3

H05000183845 3

Treasurer: SAVERIO LEONE
4750 NORTH WEST 31ST. AVENUE
GAINSVILLE, FLORIDA 32616

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JOHN F BYNE JR
5637 BLUE SHADOWS CT.
ORLANDO, FLORIDA FL

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

JOHN F BYNE JR
5637 BLUE SHADOWS CT.
ORLANDO, FLORIDA FL

****

Having been named as registered agent to accept service of process for the above 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.

JOHN F BYNE JR / Registered Agent — Date: 8/01/05

JOHN F BYNE JR / Incorporator — Date: 8/01/05

FILED
2005 AUG -1 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H05000183845 3