

PO0000078871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

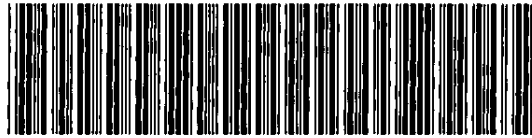
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06 JUN - 7 PM 4: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J 6/8/06

TRANSMITTAL LETTER

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

Subject: PHYSICIAN'S VEIN and COSMETIC CENTER, P.A.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for : \$78.75, Filing Fee & Certificate of Status.

FROM: DR. NORMAN SCOTT HOWELL  
24420 STATE ROAD 54  
LUTZ, FLORIDA 33559

TELEPHONE: (813) 948-2453

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: PHYSICIAN'S VEIN and COSMETIC CENTER, P.A.

### ARTICLE II--PRINCIPAL OFFICE

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

24420 State Road 54  
Lutz, Florida 33559

### ARTICLE III--PURPOSE

The purpose of this corporation is to provide medical and cosmetic services to patients.

### ARTICLE IV--SHARES

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

100 ( One Hundred)

### ARTICLE V--DIRECTORS/OFFICERS

Dr. Norman Scott Howell, President, Chairman of the Board  
24420 State Road 54  
Lutz, Florida 33559

Christina Howell, Secretary, Treasurer  
24420 State Road 54  
Lutz, Florida 33559

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### ARTICLE VI--INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Christina Howell  
24420 State Road 54  
Lutz, Florida 33559

ARTICLE VII ---INCORPORATOR

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

Dr. Norman Scott Howell  
24420 State Road 54  
Lutz, Florida 33559

Dr. Norman Scott Howell  
Signature/Incorporator

06/02/06  
Date

*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.*

Christina H. Howell  
Signature/Registered Agent

06/01/06  
Date

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