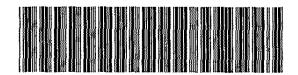
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## **COVER LETTER**

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

SUBJECT:	Gulf Coast Cosmetic Surgery Center, Inc.			
	(PROPOSED CORPORAT)	e name – <u>must in</u>	CLUDE SUFFIX	
Enclosed are an	original and one ( 1 ) copy of the	articles of incorpo	ration and a check for:	
	original and one (1) copy of the	articles of frieds po	introm with the proof to to	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITION	NAL COPY REQUIRED	
FROM	Leonard A. Rubinstei	in, M.D.		
	Name (Printed or typ	ed)		
	1805 Siesta Drive		-	
<del></del>	Address		<del></del>	
	Sarasota, Florida	34239		
	City, State, &	Zip		
	(941) 957-3890		*	
<del></del>	Daytime Telephone	number		

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:

Gulf Coast Cosmetic Surgery Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1805 Siesta Drive Sarasota, FL 34239

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To manage the administration of the in office out patient

surgery facility at 1805 Siesta Drive

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 titles (s):

Leonard A. Rubinstein, M.D. 1805 Siesta Drive Sarasota, FL 34239

ARTICLE VI REGISTERED AGENT

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

Leonard A. Rubinstein, M.D. 1805 Siesta Drive Sarasota, FL 34239

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leonard A. Rubinstein, M.D. 1805 Siesta Drive Sarasota, FL 34239

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

Leonard A. Rubinstein, M.D.

Date

/ /

Signature/Incorporator

Leonard A. Rubinstein, M.D.

Date