

P11000062189

Jul 7 2011 01:19pm P001/003

Florida Department of State  
Division of Corporations  
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.

((H11000176042 3)))



H110001760423ABCW

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) 617-6381

From:

Account Name : KILGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES  
Account Number : T19980000007  
Phone : (407) 425-1020  
Fax Number : (407) 839-3635

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\*

Email Address: mfstamp@kpsas.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
Plastic Surgery Associates, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUL -7 AM 9:48

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUL -7 PM 3:10

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers JUL 08 2011

FAX AUDIT #: (H11000176042 3)

**ARTICLES OF INCORPORATION  
OF  
PLASTIC SURGERY ASSOCIATES, P.A.**

The undersigned, duly licensed to practice medicine in the State of Florida, desires to form a professional corporation in accordance with the Florida Business Corporation Act and the Florida Professional Service Corporation and Limited Liability Company Act, adopts the following Articles of Incorporation:

**I. NAME**

The name of this Corporation is Plastic Surgery Associates, P.A.

**II. PURPOSE**

The purpose for which the Corporation is organized is to practice the profession of medicine.

**III. ELECTION UNDER PROFESSIONAL CORPORATION ACT**

The Corporation elects to be governed by the provisions of the Florida Professional Service Corporation and Limited Liability Company Act.

**IV. DURATION**

The term of existence of the Corporation is perpetual, commencing on the filing of these Articles.

**V. CAPITAL STOCK**

The number of shares the Corporation is authorized to issue is 100, all of which shall be common shares with par value of \$1.00.

**VI. STATED CAPITAL**

The amount of capital with which the Corporation shall begin business is \$100.00.

**VII. REGISTERED OFFICE**

The street address of the Corporation's initial registered office in this State is 2 South Orange Avenue, 5<sup>th</sup> Floor, Orlando, Florida 32801. The initial registered agent at the registered office is Killgore, Pearlman, Stamp, Ornstein & Squires, P.A.

**VIII. PRINCIPAL OFFICE**

The mailing address of the initial principal office of the Corporation is 2270 Oakbrook Lane, Weston, Florida 33332.

**IX. INCORPORATOR**

The name and post office address of the incorporator is the following:

Jon F. Harrell, D.O.

2270 Oakbrook Lane  
Weston, Florida 33332

FILED  
2011 JUL -7 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fax:

Jul 7 2011 01:19pm P003/003

### X. DIRECTORS

The initial Board of Directors shall consist of one (1) member. The name and address of the Board of Directors are the following:

Jon F. Harrell, D.O.

2270 Oakbrook Lane  
Weston, Florida 33332

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.

Killgore, Pearlman, Stamp,  
Ornstein & Squires, P.A.

  
By: Martin F. Stamp  
Its: Vice President

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on July 6, 2011.

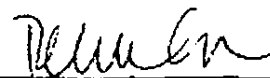
  
By: Jon F. Harrell, D.O., Incorporator

STATE OF FLORIDA  
COUNTY OF Broward

The foregoing instrument was acknowledged before me this 6 day of July, 2011, by Jon Harrell, D.O., as Incorporator of Plastic Surgery Associates, P.A., who is [ ] personally known to me or who ☒ produced Florida Driver's License as identification and who did (did not) take an oath.

(NOTARY STAMP)



  
Print name ALICE WILSON  
State of Florida at Large  
My Commission expires: \_\_\_\_\_

2011 JUL -7 AM 9:48  
SECRETARY OF STATE  
FLORIDA

FILED