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Division of Corporations

Fax Number : (850)617-6381

Account Name : COMITER & SINGER, LLP

Account Number : 120000000085

Phone : (561)626-4742

Fax Number : (561)626-4742

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

Email Address: Corporate @ comiter singer com

## FLORIDA PROFIT/NON PROFIT CORPORATION

Schuster Cosmetic Surgery, P.A.

Certificate of Status	0
Certified Copy	1
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## **COVER LETTER**

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

SUBJECT: Schuster Cosmetic Surgery, P.A.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
(PROPOSED CORPORATE NAME - MOST INCLUDE SOFTIA)  Enclosed are an original and one (1) copy of the articles of incorporation and a check for:							
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	S\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status					
FROM: Andrew R. Comiter, Esq.  Name (Printed or typed)  3825 PGA Blvd., Suite 701  Address							
Palm Beach Gardens, FL 33410  City, State & Zip							
561-626-2101  Daytime Telephone number							
corporate@comitersinger.com  E-mail address: (to be used for future annual report notification)							
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)

Principal street address Principal street address Parto Vecchio Way Beach Gardens, FL 33418  ICLE III PURPOSE Purpose for which the corporation is organized is: to engage in medical services particularly associate or reconstructive surgery to the general public, and all other activitives permer applicable law.  ICLE IV SHARES number of shares of stock is: 1,000  ICLE V INTIAL OFFICERS ANDIOR DIRECTORS  Name and Title: Ronald H. Schuster, President Address Palm Beach Gardens, FL 33418  Name and Title: Name and Title: Address: Address  Name and Title: Address: Add	ame of the corporation shall be: Schuster	
ICLE III PURPOSE purpose for which the corporation is organized is: to engage in medical services particularly associon cosmetic or reconstructive surgery to the general public, and all other activitives permiter applicable law.  ICCLE IV SHARES number of shares of stock is: 1,000  ICCLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Ronald H. Schuster, President Name and Title: Address  Palm Beach Gardens, FL 33418  Name and Title: Name and Title: Address: Add	Porto Vecchio Way	
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Address  Palm Beach Gardens, FL 33418  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Address:	Julioca of Stillies of March 155	
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	Name and Title: Ronald H. Schuste  233 Porto Vecchi Palm Beach Gard  Name and Title:  Address  Name and Title:	Name and Title:  Name and Title:  Name and Title:  Name and Title:

Name an	d Title:	Name and Title:		
Address		Address:		
	REGISTERED AGENT   Iorida street address (P.O. Bux NOT acceptable) of	the registered agent is:		
Name:	Comiter, Singer, Baseman & Braun, LLP			
Address:	3825 PGA Blvd., Suite 701			
	Palm Beach Gardens, FL 33410	-		
ARTICLE VII	<u>INCORPORATOR</u>			
The name and a	ddress of the Incorporator is:			
Name:	Andrew R. Comiter, Esq.			
Address:	3825 PGA Blvd., Suite 701			
	Palm Beach Gardens, FL 33410			
Effective date, if (If an effective of filing.)  Note: If the date the document's of the document's of the date of the d	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and cannot e inserted in this block does not meet the applicable effective date on the Department of State's records.  med as registered agent to accept service of process for	t be more than five days prior or the above stated corporation at the	ale will m	ot be listed as
certificate, Jam	familiar with and except the appointment as register	ed agent and agree to act in this cap	acity	
The	Required Signature/Registered Agent	<del></del>	Da	te
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false info y as provided for in s.817.155, F.S.	ormation	submitted in a
Required Signat	ure/Incorporator	Date		
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