

Charter Number Only

5/11/95

P950003779

Broward Review

Requestor's Name

Address

City

State

Zip

Phone

800001486028
-05/12/95--01053--023
****122.50 ****122.50

CORPORATION(S) NAME

FLORIDA Center For CosmETIC Surgery
INC.

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

CERTIFIED COPY

5/12/95
12

CR2E031 (R8-85)

RECEIVED
85 MAY 12 AM 10:08
DIVISION OF CORPORATION
TOLL FREE: 1-800-432-3028

ARTICLES OF INCORPORATION

OF

FLORIDA CENTER FOR COSMETIC SURGERY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 12 PM 9:49

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I : NAME

The name of the corporation shall be

Florida Center for Cosmetic Surgery, Inc.

ARTICLE II : PRINCIPAL OFFICE

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

915 Middle River Drive
Suite 220
Ft. Lauderdale, Florida 33304

ARTICLE III : CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having \$1.00 par value.

ARTICLE IV : INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is

Sherman Clay
1401 S. Ocean Blvd. #1002
Pompano Beach, FL 33062

ARTICLE V : INCORPORATOR

The name and street address of the incorporator of these Articles of Incorporation is

Sherman Clay
1401 S. Ocean Blvd. #1002
Pompano Beach, FL 33062


ARTICLE VI : OFFICERS

The names of the initial directors and officers of the corporation are as follows:

Sherman Clay - President/Secretary
Beverly Refkin - Vice President/Treasurer

The address of the officer is 1401 S. Ocean Blvd., #1002, Pompano Beach, FL 33062.

The undersigned has executed these Articles of Incorporation this 11th day of May, 1995.


Signature/Title

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

SECRET
MAY 12 11 54 AM '95
FBI - MIAMI


Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

1. The name of the corporation is:

Florida Center for Cosmetic Surgery, Inc.

2. The name and address of the registered agent and office is:

Sherman Clay
1401 S. Ocean Blvd. #1002
Pompano Beach, FL 33062



(Corporate Office)



Title



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 HERBY 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 PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



SIGNATURE



DATE

P95000037797

Requestor's Name



Galleria Professional Bldg.
915 Middle River Drive, Suite 200A/10/9
Ft. Lauderdale, Florida 33304

Office Use Only

NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

200001945532

09/12/98 01034-013

*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
55 SEP 12 PM 2:26
TALLAHASSEE, FLORIDA

5/19/18

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: FLORIDA CENTER FOR COSMETIC SURGERY INC.
2. The mailing address of the corporation is: 915 Middle River Drive Suite 220 Fort Lauderdale, FL. 33304
3. Date of incorporation/qualification: 5/12/95 Document number: P95000037797
4. The name and address of the current registered agent and office:

CLAY, SHERMAN
1401 SO. OCEAN BLVD STE 1002
POMPANON BCH FL. 33062

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

CLAY, SHERMAN
915 Middle River Dr. Ste 220
Fort Lauderdale, FL. 33304

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

9-9-96
(Date)

SHERMAN A. CLAY PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

9-9-96
(Date)

If signing on behalf of an entity:

SHERMAN A. CLAY
(Typed or Printed Name)

PRESIDENT
(Capacity)