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ATTORNEYS AT LAW

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P97000005986

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July 2, 1997

Secretary of State  
Corporate Division  
P.O. Box 6327  
Tallahassee, FL 32314

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-07/07/97--01167--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Artistic Center for Plastic Surgery, Inc.

Dear Secretary:

Enclosed please find the following for the purpose of changing registered agent in the referenced entity:

1. Original executed Statement of Change of Registered Office or Registered Agent;
2. Check number 10037 in the sum of \$35.00 for filing fee; and
3. A self-addressed, stamped envelope.

Kindly provide confirmation in the enclosed envelope. Please feel free to contact me should you have any questions regarding the foregoing.

Very truly yours,

JORGE L. FORS, P.A.

By:   
Jorge L. Fors, Esq.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 JUL -7 PH 2:38

APPROVED  
AND  
FILED

JLF:mg  
Encl.  
cc: Mcl T. Ortega, M.D.

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208  
RA CM  
7-7-97

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

To the Secretary of State of the State of Florida:

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.

FIRST: The name of the corporation is ARTISTIC CENTER FOR PLASTIC SURGERY, INC.

SECOND: The mailing address of the corporation is 1110 Brickell Avenue, Suite 206, Miami, FL 33131.

THIRD: Date of incorporation: January 21, 1997  
Document number: P97000005986.

FOURTH: The name and address of the current registered agent and office is Mark A. Coel, 1946 Tyler Street, Hollywood, FL 33020.

FIFTH: The name and address of the new registered agent and office is (P.O. Box Not Acceptable) Mel T. Ortega, M.D., 1110 Brickell Avenue, Suite 206, Miami, FL 33131.

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

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

**ARTISTIC CENTER FOR PLASTIC SURGERY, INC.**

*Mel T. Ortega MD*

Name: Mel T. Ortega, M.D.  
Title: President

Dated: 6.29.97

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointments 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.

*Mel T. Ortega MD*

Registered Agent  
Dated: 6.29.97

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

FILING FEE: \$35.00

97 JUL -7 11:23 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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Amends

Type

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