

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

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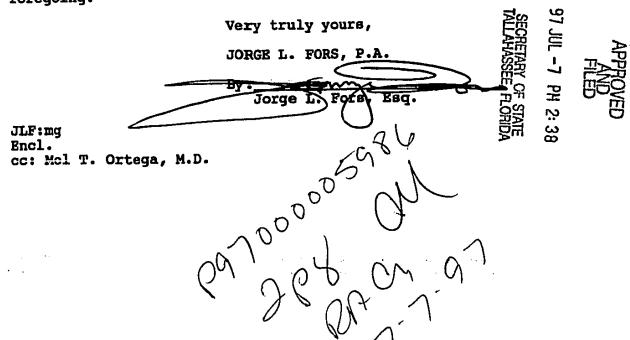
Re: Artistic Center for Plastic Surgery, Inc.

Dear Secretary:

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

- Original executed Statement of Change of Registered Office or Registered Agent;
- 2. Check number 10037 in the sum of \$35.00 for filing fee;
- 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.



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) Me/ T. Ortege M.D., 1110 Brickell Avenue, Suite 206, Miami, FL 3313

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.

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.

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

FILING FEE: \$35.00

APPROVEI

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