P97000017754

LAW OFFICES OF

GARY I. HANDIN, P.A.

GARY I. HANDIN
ADMITTED TO NEW YORK, FLORIDA AND FEDERAL BARS

THE FLORIDA SUNRISE TOWER
3111 UNIVERSITY DRIVE
CORAL SPRINGS, FLORIDA 33065
(954) 796-9600 • FAX (954) 796-2141

September 22, 1997

Division of Corporations P.O. Box 5388 Tallahassee, Florida 32314

500002302556--6 -09/24/97--01085--002 *****35.00 *****35.00

Re:

A NEW YOU COSMETIC SURGERY CENTER, INC.

Document Number: P97000017754

Dear Sir or Madam:

Kindly find enclosed an original and one copy of the Articles of Amendment regarding the above-referenced corporation.

Also find enclosed, our check in the amount of \$35.00 to cover the cost of filing same.

After filing the Articles of Amendment, please return the enclosed copy to us in the enclosed self-addressed, stamped envelope.

Your courtesy and cooperation in this matter is greatly appreciated.

Very truly yours,

GARY I. HANDIN

GIH:hh

Encis.

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SECRETARY OF STATE
TALLAHASSEF, FLORIO

Name Charge AFT 9-29-97

FILED

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TO ARTICLES OF INCORPORATION O

SECRETARY OF STATE TALLAHASSEE, FLORIDA

A NEW YOU COSMETIC SURGERY CENTER, INC.

Pursuant to the provisions of Section 607.1006, Florida Statutes, this Corporation adopts the following Articles of Amendment to its Articles of Incorporation.

FIRST:

Article I is hereby amended to read as follows:

The name of this corporation is:

A NEW YOU INSTITUTE OF COSMETIC SURGERY, INC.

SECOND:

The date of the Amendments' adoption is

September 11, 1997.

THIRD:

Adoption of Amendment:

The Amendment was approved by the unanimous vote of the shareholders. The number of votes cast for the Amendments were sufficient for approval.

SIGNED this 15th day of September, 1997.

JOHN PANICO, Vice President

STATE OF FLORIDA

)S.S.

COUNTY OF BROWARD

I HEREBY CERTIFY that on this day before me, an officer qualified to take acknowledgements, personally appeared JOHN PANICO, Vice President of A NEW YOU COSMETIC SURGERY CENTER, INC., to me known to be the person described in and who executed the foregoing and presented his Florida Driver's license as identification.

WITNESS my hand and official seal in the County and State aforesaid, this 15th day of September, 1997.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

