Department of State P. O. Box 6327

Division of Corporations Tallahassee, FL 32314 PLASTIC SURGERY ASSOCIATES OF PALM HARBOR P.A. SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 □\$122.50 **X** \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: VASSILIS STAMATIOU
Name (Printed or typed) Palm Harbor FL 34684
City, State & Zip

AUTHORIZATION BY PHONE TO CORRECT

NOTE: Please provide the original and one copy of the articles 1/8/2 DOC. EXAM



ARTICLES OF INCORPORATION

NAME

The name of the corporation shall be:

ARTICLE I

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

PLASTIC SURGERY ASSOCIATES OF PALM HARBOR P. A. Purpose To provide Services related to plastic + reconstructive ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: Surgery.
32615 US 19 Suite 6
PALM HARBOR FL 34684
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
3.000 (three thousand)
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
VASSILIS STAMATION
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: VASSILIS STAMATION
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
VASSILIS STAMATION 32615 US 19 SUITE 6 PALM HARBOR FL 34684
EFFECTIVE DATE :
September 1st 1997
Ways los 8/19/97
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

8/19/97

Date