DZOQOOD 828

To: Qualification/Tax Lien Section Division of Corporations SUBJECT: American Dental Care, Inc. (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: <u>Michael Mazzini</u> (Name of Person) -02/28/02--01028---002 *****78.75 American Dental Care, Inc. (Firm/Company) 11111 Katy Freeway, Suite 406 (Address) WOZ-6288 L Houston, TX 77079 (City/State/Zip) Should you need to call someone concerning this matter, please call: Frank Rosillo at (<u>305</u>) <u>477-5671</u> (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: MAILING ADDRESS: Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$78.75 Filing Fee & □ \$70.00 Filing Fee □ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status

Certified Copy

Certificate of Status & Certified Copy





FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

March 6, 2002

MICHAEL MAZZINI AMERICAN DENTAL CARE, INC. 11111 KATY FREEWAY, SUITE 406 HOUSTON, TX 77079

SUBJECT: AMERICAN DENTAL CARE, INC.

Ref. Number: W02000006288

We have received your document for AMERICAN DENTAL CARE, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The certificate we require is issued by the Texas Secretary of State. We are returning the Comptroller's certificate you submitted.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 902A00013489

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Name of corpo words or abbre	n Dental Care, Inc. Dental Care	dicate that it is a corporation instead of a	/: ear
2. <u>Texas</u> (State or country	y under the law of which it is incorporated)	76-0327607 (FEI number, if applicable)	
4. <u>Novembe</u> (Da		~ ~ ~ ~	(")
6. <u>January</u> (Date firs	, 2002 t transacted business in Florida.) (SEE SECTIONS	607.1501, 607.1502 and 817.155, F.S.)	
7. <u>11111 K</u>	aty Freeway, Suite 406		
<u> Houston</u>	, TX 77079 (Current mailing address)		
(Purpose	Optical and Medical Prescri (s) of corporation authorized in home state or count reet address of Florida registered agent: (P.	ry to be carried out in state of Florida)	SECRET DVISION O
Name:	Frank Rosillo		F COR
Office Address:	8600 N.W. 53 Terrace #201	<u> </u>	OF CORPORATE 12 PM 2: 1
	Miami, Florida	, Florida, <u>33166</u> (Zip code)	- ONS
10. Registered	agent's acceptance:		
inis application, I with the provision	ed as registered agent and to accept service of prochereby accept the appointment as registered agent s of all statutes relative to the proper and complete my position as registered agent.	t and agree to act in this capacity. I further a performance of my duties, and I am familian	taraa ta aam-la
	(Registered agent's signa	iture)	

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)			
Chairman:			≕ lave
Address:			
			2
Vice Chairman:			
Address:			
Director:			
Address:			
			. 217
Director:			
Address:			
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	<u> </u>		т т
President: Michael Mazzini	_		
Address: 1635 Kelliwood Oaks		DIV.	
Katy, TX 77450		ECR ISION	
Vice President:		OF AR	
Address:	_	890 890	
		- 용 S 작곡	
Secretary			•
Secretary:			
Address:	<u>7 44 ₹</u>		
			-
Treasurer:		<u> </u>	
Address:	· · ·		e. I+
		<u> </u>	=
NOTE: If necessary you may attach arraddendum to the application listing additional officers and/or directors.			
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		<u> </u>	
14. Michael Mazzini Procident			
(Typed or printed name and capacity of person signing application)	 .	*	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Gwyn Shea Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for AMERICAN DENTAL CARE, INC. (filing number: 113267100), a Domestic Business Corporation, was filed in this office on November 09, 1989.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 12, 2002.

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Gwyn Shea Secretary of State