

ACCOUNT NO. : 07210000032

REFERENCE

757281

4311859

AUTHORIZATION

COST LIMIT

ORDER DATE: March 26, 1998

ORDER TIME :

9:27 AM

ORDER NO.

: 757281-005

CUSTOMER NO:

4311859

CUSTOMER: Mr. Glenn Halpern

Haythe & Curley 237 Park Ave.

20th Floor

New York, NY 10017-3142

500002474955--3

FOREIGN FILINGS

NAME:

DENTAL PARTNERS OF FLORIDA,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

Dental Partners, Inc. One E. Broward Blvd., Suite 905 Ft. Lauderdale, Florida 33301

March 26, 1998

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Dear Sir or Madam:

Dental Partners, Inc., a Florida corporation (the "Company"), hereby consents to the use by Dental Partners of Florida, Inc., a Delaware corporation and wholly owned subsidiary of the Company, of its full name in connection with the filing of its Application by Foreign Profit Corporation for Authorization to Transact Business in Florida with the Secretary of State of Florida.

DENTAL PARTNERS, INC.

Name: Randall P. Stern

Title: Chairman

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:

ental Partners of	Florida, Inc.	
word "INCORPORAT as will clearly indicat name at present.	ED", "COMPANY", "CORPORA te that it is a corporation instead	TION" or words or d of a natural person
	3	
5	perpetual	20 ZM
(Duratio	n: Year corp. will cease to exist	or "perpetual"
March 1, 1998		තු දිදුව
a. (See sections 607	.1501, 607.1502, and 817.155	5, F.S.# 85
ne E. Broward Bivd.	, Suite 905	<u> </u>
	-	0 6
t. Lauderdale, Flor	rida 33301	
(Current mailing	address)	-
ida registered age	ent: (P.O. Box or Mail Drop	state of Floridar
1201 Hays Street		
Tallahassee	, Florida,	32301
		(Zip Code)
ed in this applic in this capacity. I er and complete I my position as re	ation, I hereby accept the further agree to comply w performance of my duties, gistered agent.	e appointment as vith the provisions and I am familiar
	word "INCORPORAT as will clearly indicat name at present. h it is incorporated) 5. (Duration March 1, 1998 a. (See sections 607) ne E. Broward Bivd. t. Lauderdale, Flor (Current mailing onsulting services ad in home state or or ida registered age poration Service Com 1201 Hays Street Tallahassee nce: agent and to acceed in this application this capacity. If any position as re- my position as re-	h it is incorporated) (FEI number, if applicable) 5

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 which it is incorporated.

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

A. DIRECTORS (Street address only- P.O. Box NOT acceptable)

Director	Spoisson:	Randall P. Stern				
	Address:	1325 Avenue of the Americas, 17th Floor, New York, NY 10019				
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Vice Chairr	man:				
	Address:					
	Director:	Vasant Nanavati				
	Address:	1325 Avenue of the Americas, 17th Floor, New York, NY 10019				
	Director:			9		
	Address:		B APR	SEONE VISION		
	B. OFFIC	ERS (Street address only- P.O. Box NOT acceptable)	무	FILED PRY OF CORP		
	President:	Randall P. Stern	PH 12:	OR A		
	Address:	1325 Avenue of the Americas, 17th Floor, New York, NY 10019	<u>~</u>	TIONS		
	Vice Presid	ent: Sally A. McKenzie, CMC				
	Address:	One E. Broward Blvd., Suite 905. Ft. Lauderdale. FL 10019				
	Secretary:	Vasant Nanavati				
ar	nd Treasurer Address:	1325 Avenue of the Americas, 17th Floor, New York, NY 10019				
	Treasurer:					
	Address:					
	NOTE: If n	ecessary, you may attach an addendum to the application listing additional offictors.	cers			
	13.	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	olicatio	n.)		
	14	Randall P. Stern, President				
		(Typed or printed name and capacity of person signing application)				

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DENTAL PARTNERS OF FLORIDA, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MARCH, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

DIVISION OF CORPORATIONS
98 APR -1 PM 12: 13

Edward J. Freel, Secretary of State

AUTHENTICATION:

8996534

DATE:

03-26-98

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