

Division of Corporations

**L00000008948**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-4003

From: Account Name : RICHARD B. COMITER & ASSOCIATES, P.A.  
Account Number : I20000000085  
Phone : (561) 838-4505  
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**LIMITED LIABILITY COMPANY**

Palm Beach Mall Dental, P.L.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

*L00-8948*  
*Jul 27-21*  
*[Handwritten signatures]*

W. F. Yeager

01/27/00



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 27, 2000

RICHARD COMITER & ASSOCIATES, P.A.

SUBJECT: PALM BEACH MALL DENTAL, P.L.  
REF: W00000018719

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with 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) 487-6020.

Tammi Cline  
Document Specialist

FAX Aud. #: H00000039468  
Letter Number: 400A00040966

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
OF  
PALM BEACH MALL DENTAL, P.L.**

**ARTICLE I - Name:**

The name of the Professional Limited Liability Company is: **PALM BEACH MALL DENTAL, P.L.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Professional Limited Liability Company is 1801 Palm Beach Lakes Blvd., West Palm Beach, FL 33401.

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Dr. Daniel Peguero  
1801 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

\_\_\_\_\_  
Dr. Daniel Peguero  
Registered Agent's Signature

**ARTICLE IV - Nature of the Business:**

The nature of the business of the Professional Limited Liability Company is to operate a dental clinic and render the professional service of dentistry.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

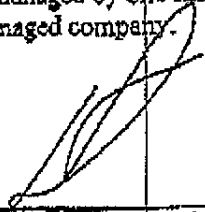
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**ARTICLE V - Management:**  
**(Check box if applicable)**

- The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager-managed company.



Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dr. Daniel Pegnero  
Typed or printed name of signer

**Filing Fees: \$100.00 Filing Fee for Articles of Organization**  
**\$ 25.00 Designation of Registered Agent**  
**\$ 30.00 Certified Copy (optional)**  
**5.00 Certificate of Status (Optional)**

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TALLAHASSEE, FLORIDA

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