Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400 . ; (516)935-3940 Phone Fax Number : (516)935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Premier Dental of Naples Inc.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

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SECRETARY OF STATE

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business FLORIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Premier Dental of Naples, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Premier Dental of Naples, Inc.

5100 Tamiami Trail North, Suite 201 Naples, FL 34103

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares at \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Paul Sanfillipo 1100 Fifth Avenue South, Suite 405 Naples, FL 34102

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Scott Delboccio 5100 Tamiami Trail North, Suite 201 Naples, FL 34103

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5th day of June 2002.

Scott Delboccio - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Premier Dental of Naples, Inc.		
2. The name and address of the regist	ered agent and office is:	02 JUN SECRETA	_ · 1 =
	Paul Sanfillipo	SSE -	- П
	Name	TO ₹ 5	フ
	1100 Fifth Avenue South, Suite 405	LORA CO	
·	(P.O. Box or Mail Drop Box NOT Acceptable)	32 110A	
	Naples, FL, 34102		
•	(City / State / Zip)	-	

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

N. Paul Sanfillipo, Esq.

SIGNATURE

June 5th, 2002

(Date)