

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number: 119990000221
Phone: (631)224-9004
Fax Number: (631)224-7979

2003 APR 22 PM 3: 53

FLORIDA PROFIT CORPORATION OR P.A.

Pediatric Dental Associates, Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 6 |
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1/22/2003 Hado:

FILED

ARTICLES OF INCORPORATION

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THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF EDRINGEE FLORIDA A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE:

Pediatric Dental Associates, Inc.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

3831 NW 112th Way Coral Springs, FL 33065

ARTICLE III -SHARES

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

2,000 shares at \$.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Director: Steven J. Porter PSC 78 Box 3625, Apo AP, CA 96326

Vice President/Secretary/Director: Olga D. Porter PSC 78 Box 3825, Apo AP, CA 96328

Treasurer: Olga P. Koemer 3831 NW 112th Way, Coral Springs, FL 33065

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Olga P. Koemer 3831 NW 112th Way, Coral Springs, FL 33065

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TALLAHASSEE FLORIDA

ARTICLE VI-INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Kerry Walsh 35 Carleton Avenue Islip Terrace, NY 11752

Kerry Walsh, Incorporator

Having been named registered agent and to accept service of process for the above stated corporation as 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.

Oiga P, Koerner , Régistered Agent

Date