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DIVISION OF CORPORATIONS
06 MAR 23 AM 11:54

W06-12893

Bm 3/23/06

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Deirdre M. Campbell, D.M.D., P.A.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☒ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Deirdre M. Campbell D.M.D.
Name (Printed or typed)

14327 Reflection Lakes Drive
Address

Ft Myers, FL. 33907
City, State & Zip

(239) 823-9026
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

DEIRDRE M CAMPBELL DMD
14327 REFLECTION LAKES DRIVE
FT MYERS, FL 33907

SUBJECT: DEIRDRE M. CAMPBELL, D.M.D., P.A.
Ref. Number: W06000012893

We have received your document for DEIRDRE M. CAMPBELL, D.M.D., P.A. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of 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) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 006A00018165

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Deirdre M. Campbell, D.M.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4447 Camino Real Way
Ft Myers, FL 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Specific Purpose of a P.A. is a dental practice / dental office

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DIVISION OF CORPORATIONS
06 MAR 23 AM 11:54

ARTICLE IV SHARES

The number of shares of stock is:

1 (one)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Deirdre M. Campbell - President & C.E.O.
14327 Reflection Lakes Drive
Ft Myers, FL 33907

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Carlos J Cavenago III Esq.
14581 Glen Cove Dr Unit 1101
Ft Myers FLa 33919

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Deirdre M. Campbell DMD ~~[illegible]~~
14327 Reflection Lakes Drive
Ft. Myers, FL 33907

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent — Date: 3/11/06

Signature/Incorporator — Date: 3/11/06