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SECRETARY OF STATE
DIVISION OF CORPORATION

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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

FLORIDA PROFIT/NON PROFIT CORPORATION

CENTER FOR ADVANCED RESTORATIVE DENTISTRY & DENTAL A

Certificate of Status	0
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DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CENTER FOR ADVANCED RESTORATIVE DENTISTRY & DENTAL ANESTHESIOLOGY, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

300 N. W. 70TH AVENUE, SUITE 104
PLANTATION, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTISTRY

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Peter Coletti
President
300 N. W. 70TH AVENUE, SUITE 104
PLANTATION, FL 33317

Dr. Fabiola Duarte
Vice President
300 N. W. 70TH AVENUE, SUITE 104
PLANTATION, FL 33317

ARTICLE VI REGISTERED AGENT

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

Dr. Peter Coletti
300 N. W. 70TH AVENUE, SUITE 104
PLANTATION, FL 33317

ARTICLE VII INCORPORATOR

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

Dr. Peter Coletti
300 N. W. 70TH AVENUE, SUITE 104
PLANTATION, FL 33317

****

Having been named as registered agent 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

X _____
Signature/Registered Agent

JUNE 21, 2006
Date

X _____
Signature/Incorporator

JUNE 21 2006
Date

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