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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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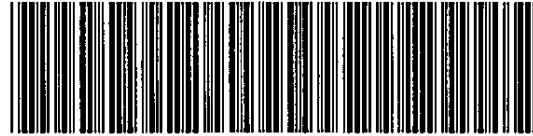
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 MAY 31 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 01 2007

**COVER LETTER**

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

SUBJECT: PATRICIA A. SABERS, 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: P. A. SABERS DMD, PA  
Name (Printed or typed)

802 S. OSPREY AVENUE  
Address

SARASOTA, FL 34236  
City, State & Zip

941-906-9999  
Daytime Telephone number

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

**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:

PATRICIA A. SABERS, D.M.D. P.A

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

802 S. Osprey Avenue  
SARASOTA, FL 34236

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DENTISTRY

**ARTICLE IV SHARES**

The number of shares of stock is:

ONE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

PATRICIA A. SABERS, DMD, M.Ed.

**ARTICLE VI REGISTERED AGENT**

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

PATRICIA A. SABERS, DMD  
802 S. Osprey Avenue  
SARASOTA, FL 34236

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

PATRICIA A. SABERS DMD  
802 S. Osprey Ave  
SARASOTA, FL 34236

\*\*\*\*\*  
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

Patricia A. Sabers DMD PA  
Signature/Registered Agent  
Patricia A. Sabers DMD PA  
Signature/Incorporator

5.29.07  
Date  
5.29.07  
Date

FILED  
2007 MAY 31 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA