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ACCOUNT NO. : 072100000032

REFERENCE : 965532 80523A

AUTHORIZATION :

COST LIMIT : $ 70.00

ORDER DATE : June 25, 2007

ORDER TIME : 11:11 AM

ORDER NO. : 965532-005

CUSTOMER NO: 80523A

DOMESTIC FILING

NAME: FIRST COAST ORTHODONTIC SPECIALISTS, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
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Division of Corporations

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 26, 2007

CSC

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RESUBMIT
Please give original submission date as file date

SUBJECT: FIRST COAST ORTHODONTIC SPECIALISTS, P.A.
Ref. Number: W07000030135

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

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

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) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 907A00041731

ARTICLES OF INCORPORATION
OF
FIRST COAST ORTHODONTIC SPECIALISTS, P.A.

The undersigned incorporator to these Articles of Incorporation, hereby executes these Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

ARTICLE I - NAME AND ADDRESS

The name of the corporation and the street address of the initial principal office is FIRST COAST ORTHODONTIC SPECIALISTS, P.A., 5114 San Juan Avenue, Jacksonville, Florida 32210. The mailing address of the corporation shall be the same as the street address.

ARTICLE II - DURATION

This corporation is to exist perpetually.

ARTICLE III - PURPOSE

To engage in every phase and aspect of the business of rendering the same professional services to the public that a doctor of dentistry, duly licensed under the laws of the state of Florida, is authorized to render, and which has as its shareholders only other professional corporations, professional limited liability companies, or individuals who themselves are duly licensed or otherwise legally authorized to render the same professional services as the corporation.

To transact any and all lawful business for which professional service corporations may be incorporated under the Florida Business Corporation Act, Chapter 607, and the Professional Service Corporation and Limited Liability Act, Chapter 621, Florida Statutes, 2006, as amended.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100 shares of $1.00 par value voting stock which shall be designated common shares.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered agent of this corporation is 50 North Laura Street, Suite 2925, Jacksonville, Florida 32202, and the name of the initial registered agent is William B. McMenamy.

I hereby state that I am familiar with the obligations of, and accept appointment as registered agent on behalf of FIRST COAST ORTHODONTIC SPECIALISTS, P.A.

WILLIAM B. MCMENAMY

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The names and addresses of the directors of this corporation are:

NAME	ADDRESS
Daniel J. Schellhase	5114 San Juan Avenue Jacksonville, Florida 32210
Karen E. Koehler	5114 San Juan Avenue Jacksonville, Florida 32210

ARTICLE VII -INCORPORATOR

The name and post office address of the person signing these Articles is:

NAME	ADDRESS
William B. McMenamy	50 N. Laura Street, Suite 2925 Jacksonville, FL 32202

IN WITNESS WHEREOF, I, the undersigned subscribing incorporator, have hereunto set my hand and seal this 7TH day of June, 2007, for the purpose of forming this corporation under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of the State of Florida, these Articles of Incorporation and certify that the facts herein stated are true.

WILLIAM B. MCMENAMY

STATE OF FLORIDA
COUNTY OF DUVAL

SUBSCRIBED, SWORN AND ACKNOWLEDGED to before me by WILLIAM B. MCMENAMY, who is (X) personally known to me or ( ) has produced _____ as identification, this 27th day of June, 2007.

Susan K. Williams
Notary Public, State of Florida at Large

(Susan K. Williams)
Print name below signature
My Commission Expires:
My Commission Number:

SUSAN K. WILLIAMS
MY COMMISSION # DD 502084
EXPIRES: January 7, 2010
Bonded Thru Notary Public Underwriters