P98000038536

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

300002501628---C -04/27/98--01105--005 *****78.75 *****78.75

SUBJECT:	_C	ONGRESS (Pro	D≘ N posed corpor	THE CEA	MER, INC.	_
Enclosed is an	original a	and one(1) copy of	f the articles	s of incorporation and	a check for :	•
□ \$70 Filing	0.00	\$78.75 Filing Fee & Certific	,	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee,	
				ADDITIONAL (COPY REQUIRED	
FF	ROM:	DR. AN	DREAS Name (Pr	BESSENR rinted or typed)	હોં મ	
		1784 N	L COM	OGRESS AVE Address	SUITE 105	•• •
	- -	WEST	PALA City,	1 BEACH, State & Zip	F1. 33409	SECRET/ TALLAHA
		(561) 6	89-	0593		ARY O SSEE

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

Daytime Telephone number

9.14-29-98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

CONGRESS

DENTAL CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1784

N.

CONGRESS AVE. SUITE 105, W. PALM BEACH, ARTICLE III SHARES

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

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr. ANOREAS BESSENROTH

529 S. Flagler Dr. #66

W. Palm Beach, Fl. 33401

ARTICLE V INCORPORATOR

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

Dr. HNDREAS

BESSENROTH

S. FLAGLER Dr. # 6G (HOME)

W. PALM BEACH, FI. 33401

Signature/Incorporator

4-21-98

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and 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. 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

Signature/Registered Agent