

TRANSMITTAL LETTER

P98000106347

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

98 DEC 21 AM 11:44
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: _____

(Proposed corporate name - must include suffix)

800002717938-3
-12/21/98-01111-020
*****78.75 *****78.75

Enclosed is 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: _____

Name (Printed name)



ANA T. SOTERAS, D.D.S.

4827 N.W. 183rd Street
Miami, Florida 33055

City, State & Zip

Daytime Telephone number

F. CHESSEY DEC 23 1998

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

ARTICLES OF INCORPORATION

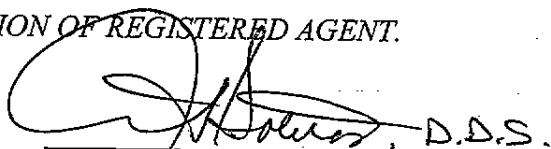
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1. The Corporate name is ANA T. SOTERAS, D.D.S., P.A.
2. The street and mailing address of the initial principal office shall be 4827 N.W. 183 Street,
Miami, Florida 33055.
3. The number of shares the corporation is authorized to issue is 50 no par shares.
4. The street address of the corporation's initial registered office is 4827 N.W. 183 Street Miami,
Florida and the name of its initial registered agent is ANA T. SOTERAS.
5. The name and address of the incorporator is ANA T. SOTERAS, 4827 N.W. 183 Street,
Miami, Florida 33055.
6. The names and addresses of the officers and directors are as follows:
 - a. ANA T. SOTERAS, President
4827 N.W. 183 Street, Miami, Florida 33055
7. The purpose for which the corporation is organized is for a dental office.

DATED AT MIAMI, FLORIDA this 15th day of December, 1998.


ANA T. SOTERAS

I HEREBY ACCEPT THE POSITION OF REGISTERED AGENT.


ANA T. SOTERAS, Registered Agent