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TRANSMITTAL LETTER

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

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-01/04/99--01115--006
*****70.00 *****70.00

SUBJECT: Ann M. Cipriani, D.D.S., P.A.

Enclosed is an original and one [1] copy of the articles of incorporation and a check for: \$70.00, Filing Fee

FROM: Ann M. Cipriani
Five Harvard Circle, Suite #105
West Palm Beach, Florida 33409
(561) 683 - 3313

FILED
99 JAN -4 PM 4: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ann GAVE
AUTHORIZATION BY PHONE TO
CORRECT art 1+7
DATE 1/6/99
DOC. EXAM TA

TA-1/6/99


ARTICLES OF INCORPORATION

1. The name of the corporation shall be: Ann M. Cipriani, D.D.S., P.A.
2. The purpose for which this corporation is organized is: To practice dentistry.
3. The principal place of business and mailing address of the corporation is: Ann M. Cipriani, D.D.S., P.A., Five Harvard Circle, Suite #105, West Palm Beach, Florida 33409
4. The corporation shall have the authority to issue 10,000 shares of common stock, in one class only, each with a par value of \$1.00.
5. The registered agent of the corporation is Ann M. Cipriani and the registered street address is Five Harvard Circle, Suite #105, West Palm Beach, Florida 33409.
6. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Ann M. Cipriani, Five Harvard Circle, Suite #105, West Palm Beach, Florida 33409.

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

7. The incorporator of this corporation is Ann M. Cipriani whose street address is Five Harvard Circle, Suite #105, West Palm Beach, Florida 33409

Dated: 12/30/98


Incorporator & Registered Agent

* Ann M. Cipriani accepts the designation as Registered Agent.

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TALLAHASSEE, FLORIDA

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