

P99000013920

John L. Park

Requester's Name

400 Ave K. SE.

Address

Winter Haven Fla 33880

City/State/Zip

Phone #

941-293-0023

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-02/03/99-01029-002
*****70.00 *****70.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

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TALLAHASSEE, FLORIDA

- Walk in
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- Pick up time _____
- Will wait
- Certified Copy
- Certificate of Status
- Photocopy

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

_____ GAVE
AUTHORIZATION BY PHONE TO
CORRECT RA acc.
DATE 2-5-99

Examiner's Initials

8004-6313
2-12-99
CB



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 5, 1999

JOHN I. PARK
400 AVE. K, S.E.
WINTER HAVEN, FL 33880

SUBJECT: JOHN I. PARK, D.M.D., P.A.
Ref. Number: W99000002942

We have received your document for JOHN I. PARK, D.M.D., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 487-6930.

Carolyn Batten
Document Specialist

Letter Number: 399A00005097

ARTICLES OF INCORPORATION
of
JOHN I. PARK, D.M.D., P.A.

The undersigned, desiring to form a professional corporation in the State of Florida, and acting as incorporator of a professional corporation under Chapters 621 and 607 of the Florida Statutes, to create a professional corporation, adopts the following Articles of Incorporation for such corporation:

ARTICLE I
NAME

The name of the corporation shall be **John I. Park, D.M.D., P.A.**

ARTICLE II
INCORPORATOR

The name and address of the Incorporator is:
John I. Park
400 Avenue K, SE
Winter Haven, FL 33880

ARTICLE III
STATE OF INCORPORATION

This professional corporation shall have, as its place of incorporation, the State of Florida.

ARTICLE IV
BUSINESS ADDRESS

The professional corporation's business address and principal office is located at **400 Avenue K, SE, Winter Haven, FL 33880.**

ARTICLE V
MAILING ADDRESS

The mailing address of the said professional corporation shall be **400 Avenue K, SE, Winter Haven, FL 33880.**

ARTICLE VI
PURPOSE

This professional corporation is organized and shall be operated specifically for the practice of dentistry, with all shareholders of said professional corporation to be duly licensed in the State of Florida.

ARTICLE VII
TERM OF EXISTENCE

The term of existence of this professional corporation shall be perpetual or until earlier dissolved by the shareholders, pursuant to the by-laws, or by the Florida Statutes.

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TALLAHASSEE, FLORIDA

**ARTICLE VIII
AUTHORIZED SHARES**

The number of share which the corporation is authorized to have outstanding is:

<u>NUMBER OF SHARES</u>	<u>COMMON/preferred</u>	<u>PAR VALUE</u>
One Thousand (1,000)	Common Stock	No Par Value

**ARTICLE IX
REGISTERED AGENT & OFFICE**

The name and the address of the of its Registered/Statutory agent of the corporation in Florida is:

John I. Park
400 Avenue K, SE
Winter Haven, FL 33880
941-293-0023

IN WITNESS WHEREOF, I, **John I. Park**, hereby subscribe my name to these Articles of Incorporation of **John I. Park, D.M.D., P.A.** on February 1, 1999.

John I. Park DMD, Incorporator
Print Name John I. PARK DMD

FROM :

FAX NO. :

Feb. 10 1999 04:28PM P2

JOHN I. PARK, D.M.D., P.A.
ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

I, John I. Park, hereby accept my appointment as Registered Agent of John I. Park, D.M.D., P.A., and, being familiar with the duties and responsibilities of Registered Agent, hereby agree to fulfill these duties in accordance with Florida Law.

Dated this 10 day of February, 1999.



JOHN I. PARK

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TALLAHASSEE, FLORIDA