

P99000250966
DANIEL P. ALNITI D.D.S.
9208 ARLINGTON EXPRESSWAY

June 4, 1999

Division of Corporations
Att: Bobby Cox
P.O.Box 6327
Tallahassee, FL 32314

200002896292--4
-06/07/99--01008--025
*****78.75 *****78.75

Dear Sir or Madam:

Enclosed you will find a check for the amount of \$78.75 which represents the replacement check that was sent out with the original application, pertaining to AA PRIME CARE DENTAL ASSOCIATES P.A. located at 9208 Arlington Expressway, Jacksonville FL 32225. If you have any further questions please feel free to contact me at (917) 749-8640.

Sincerely,

Daniel P. Alniti DDS

FILED
99 JUN -7 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12060

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105

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.

FILED
99 JUN -7 AM 11:11
TALLAHASSEE FLORIDA
SECRETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be:

A.A. Prime Care Dental Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

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

9208 Arlington Expressway
Jacksonville, Fl. 32225

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

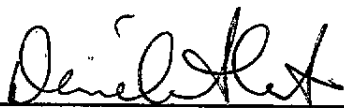
The name and Florida street address of the initial registered agent are:

DR. DANIEL P. ALNITI
9208 Arlington Expressway
Jacksonville, Fl. 32225

ARTICLE V INCORPORATOR

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

Dr. Daniel P. Alniti
387 Perthshire Drive
Orange Park, Fl. 32073



Signature/Incorporator

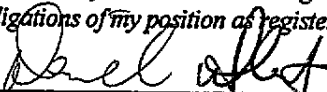
March 19, 1999

Date

ARTICLE VI NATURE OF BUSINESS

nature of business: Dentistry
Practice of Dentistry and Oral
Medicine

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

5.11.99

Date