

# F00000004798

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Dental Wellness, PC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",  
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to  
transact business in Florida.

Please return all correspondence concerning this matter to the following:

500003366425--6

-08/21/00--01139--004  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Gregory C. Moo, PDS

(Name of Person)

Dental Wellness, PC

(Firm/Company)

1464 Summit Hill Drive

(Address)

Deltona, FL 32725

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Gregory C. Moo at (904) 789-5094  
(Name of Person) (Area Code & Daytime Telephone Number)

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00 AUG 21 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name  
Availability

**STREET ADDRESS:**

Document  
Examiner

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

Update

Updater  
Verifier

Enclosed is a check for the following amount:

Acting Agent

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

W. P. Verifier

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Dental Wellness, PC (Professional Corporation)

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Indiana  
(State or country under the law of which it is incorporated)

3. 35-1527396  
(FEI number, if applicable)

4. Jan 29, 1982  
(Date of incorporation)

5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2000  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. 1464 Summit Hill Drive, Deltona, FL 32725  
(Principal office address)

b. P.O. Box 505 DeBary, FL 32713-0505  
(Current mailing address)

8. Contracted Dental Services Provider  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Gregory C. Moo

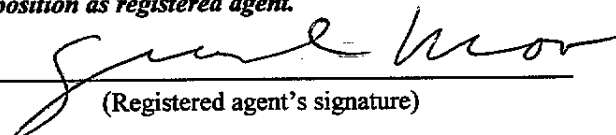
Office Address: 1464 Summit Hill Drive  
Deltona

Florida 32725  
(Zip code)

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TALLAHASSEE, FLORIDA

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Gregory C. Moo, DDS

Address: 1464 Summit Hill Drive  
Deltona, FL 32725

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Gregory C. Moo, DDS

Address: 1464 Summit Hill Drive  
Deltona, FL 32725

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Gregory C. Moo, DDS

Address: 1464 Summit Hill Drive  
Deltona, FL 32725

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Gregory C. Moo, DDS, president  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gregory C. Moo, DDS, president  
(Typed or printed name and capacity of person signing application)

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**DENTAL WELLNESS, P.C.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 29, 1982, and was in existence or authorized to transact business in the State of Indiana on August 11, 2000.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Eleventh Day of August, 2000.

*Sue Anne Gilroy*

SUE ANNE GILROY, Secretary of State