

### DEWITT LAW FIRM, P.A.

POST OFFICE BOX 2625 ORLANDO, FLORIDA 32802-2625 SUITE 840 37 NORTH ORANGE AVENUE ORLANDO, FLORIDA 32801

SHERRI K. DEWITT ATTORNEY AT LAW	TELEPHONE NUMBER (407) 245-7723 FACSIMILE NUMBER (407) 650-1928
(Corporation Name)	(Document#) 1000042127612 - -05/11/0101120019 *****70.00 ******35.00
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)  Walk in Pick up time	(Document #)  Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION  REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other  Examiner's Initials

CR2E031(7/97)

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SHERRI K, DEWITT ATTORNEY AT LAW TELEPHONE NUMBER (407) 245-7723 FACSIMILE NUMBER (407) 650-1928

October 23, 2001

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Institute for Cosmetic Dentistry, P.A. and Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida under the name of Institute for Cosmetic and Wellness Dentistry, P.A.

**Attention: Susan Payne** 

Dear Ms. Payne:

Enclosed herewith please find the Profit Corporation Application by Foreign Profit Corporation to File Amendment to Application For Authorization to Transact Business in Florida for the above referenced matter. If you recall, I called you on October 23, 2001 and relayed the problem with the State of Nevada losing the paperwork that I had sent and have just now finally received the Certificate of Existence with Status in Good Standing from them. This corporation has been held up for months because of mishaps with Nevada. I had Dr. Simms sign the application again just in case you needed and original signature and have included every thing I could anticipate you needing regarding this corporation except perhaps the kitchen sink. Hopefully, this matter has finally been resolved. I have already paid the filing fee for this corporation. If you have any further questions or concerns regarding this matter, please do not hesitate to call me. Please return the certified copy in the self addressed envelope provided for your convenience to our office. Thank you in advance for your assistance in this matter.

Sincerely,

Lynn Sunday, Legal Assistant to

Sherri K. DeWitt, Esq.

Lds/enclosures



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 15, 2001

Lynn Sunday, Legal Assistant Dewitt Law Firm, P.A. Suite 840, 37 North Orange Avenue Orlando, FL 32801

SUBJECT: INSTITUTE FOR COSMETIC DENTISTRY, P.A.

Ref. Number: F01000002222

We have received your document for INSTITUTE FOR COSMETIC DENTISTRY, P.A. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

The date first authorized in Florida should be completed in #3.

Please return 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) 487-6050.

Letter Number: 301A00036798

Susan Payne Senior Section Administrator



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 18, 2001

LYNN SUNDAY DEWITT LAW FIRM, P.A. P.O. BOX 2625 ORLANDO, FL 32802-2625

SUBJECT: INSTITUTE FOR COSMETIC DENTISTRY, P.A.

Ref. Number: F01000002222

We have received your document for INSTITUTE FOR COSMETIC DENTISTRY, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign corporation which has changed its name, duration, jurisdiction, or purpose (nonprofit corporation only), should file an amended application in this office within 30 days after the occurance of any such change. The form should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change and a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 487-6869.

Teresa Brown Corporate Specialist

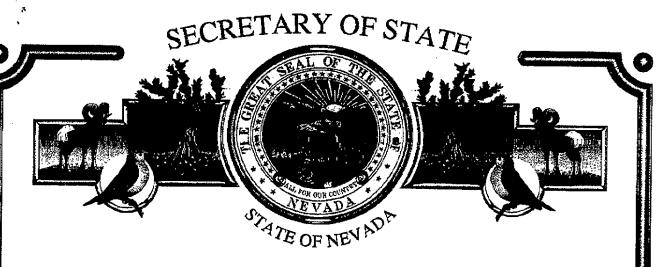
Letter Number: 901A00030536

# PROFIT CORPORATION PPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

### SECTION I (1-3 MUST BE COMPLETED)

T	nstitute for Cosmetic Dentistry,	P.A.	
_	Name of corporation as it appear	ars on the records of the Department of State.	-
		3. 4/23/01	
N	levada Incorporated under laws of	Date authorized to do business in Florid	la
	•		
		SECTION II	
	(4-7 COMPLETE ON	LY THE APPLICABLE CHANGES)	
f the am	nendment changes the name of the corpor	ration, when was the change effected under the law	s of
its jurisd	liction of incorporation? May 8, 2001		
=			
	Institute for Cosmetic and Wel	Iness Dentistry, P.A.	13 is
Vame of c	orporation after the amendment, adding suffix "oned in new name of the corporation.	Iness Dentistry, P.A. corporation" "company" or "incorporated," or appropriate a	iboreviation, ii
iot contau	ged in new name of the corporation.		
		indicate powerpoind of dyration	
If the arr	nendment changes the period of duration,	, indicate new period of duration.	- 0
		•	
			望る。
		New Duration	T31 F
If the arr	nendment changes the jurisdiction of inco	proporation, indicate new jurisdiction.	
ii uic an	ionament changes are jurisered or men		Fig. 2
			문 <b>호</b> 호
		New Jurisdiction	FILED 3: 52 OCT 31 PM 3: 52 LAHASSEE, FLAN
	) ( ) (	1 De Mr. 8,20	□ 11.1
	Daniel Sons, &	MAU 8,000	
	pland sur	- June 4, 2001 - Date	<del></del>
	Signature	Date	-
		President	•
	David Simms Typed or printed name	Title	<del></del>
	••		



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, INSTITUTE FOR COSMETIC AND WELLNESS DENTISTRY, P.A., as a corporation duly organized under the laws of NEVADA and existing under and by virtue of the laws of the State of Nevada since April 13, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in

TEL:1-702-883-8663 Sep 20,01 14:59 No.004 P.02

(PROFIT) INITIAL LIST OF OFFICERS, DIRECTORS AND AGENT OF

FILE NUMBER

INSTITUTE FOR COSMETIC AND WELLNESS DENTISTRY, P.A.

04-13-01

C09558-2001

A NEVADA CORPORATION

FOR THE FILING PERIOD Apr 2001 TO Apr 2002

The Corporation's duly appointed Resident Agent in the State of Nevada upon whom process can be served is:

> R/A'S OF AMERICA #7-00902 2316 HILLCREST STREET ORLANDO FL 32803-4918

(THE POLLOWING ADDRESS IS THE PHYSICAL LOCATION IN NEVADA NO MAIL ALLOWED . FOR SERVICE OF PROCESS ONLY) 1504 N US HWY 395 #8 - Gardnerville Nevada

Important: Read instructions before completing and returning this form.

1. Print or type names and addresses, olther residence or business, for all officers and directors. A president, secretary, tressurar and at least one director must be named.

2. Have an officer eign the form. FORM WILL BE RETURNED IF UNSIGNED.

- 3. Return the completed form with the \$165.00 filing fee. A \$50.00 penalty must be added for failure to file this form by the 1st day of the 2nd month following incorporation date.
- 4. Make your check payable to the Secretary of State. Your conceled check will constitute a certificate to transact business per NRS 79.155. If you need a receipt, return page 2 cartificate and ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE. To receive a certified copy, enclose a copy of this completed form, an additional \$20.00 and appropriets instructions.

5. Return the completed form to: Secretary of state, 202 North Cerson Street, Carson City, NV 89701-4201, (775) 884-5708

FOR OFFICE USE ONLY FILED (DATE) FILED # JUL 3 0 2001 EDUT OF STORY

FILING FEE:\$186.00 LATE PENALTY: \$50.00 THIS FORM MUST BE FILED BY THE 1st DAY OF THE 2nd MONTH FOLLOWING INCORPORATION DATE

**PRESIDENT** DAVID M. SIMMS POB2259 - MINDEN NEVADA 89423 SECRETARY DAVID M. SIMMS POB2259 - MINDEN NEVADA 89423 TREASURER DAVID M. SIMMS POB2259 - MINDEN NEVADA 89423 DIRECTOR DAVID M. SIMMS POB2259 - MINDEN NEVADA 89423 DIRECTOR

DIRECTOR

I declare, to the best of my knowledge, under penalty of penuly, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

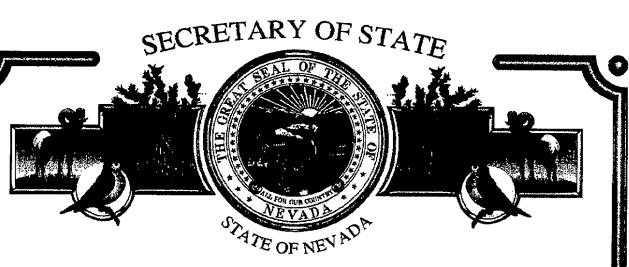
DAVID M. SIMMS

PRES/SEC/TREAS/DIR Title(s)

2001-04-30 Date

and the second of the second of the second

X Signature of officer



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