FOI OOOO OGO 5

Registration Section

Division of Corporations

TO:

SUBJECT: <u>Donald Martin C.D.T Dental Studio INC.</u> (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: 400904562254-004 ******87.50 ******87.50								
DONAIL MARTIN (Name of Person) ******87.58 *****87.58								
DONALD MARTIN, C.D.T. DONTAL STUDIO INC. (Firm/Company)								
16/ S, MAIN ST Suite 200 (Address) APR 2								
Middle fon, MA 01949 (City/State and Zip code)								
For further information concerning this matter, please call:								
DONALD MAR + IN at (978) 762-0055 - 800-847-8880 (Area Code & Daytime Telephone Number)								
(Name of Person) (Area Code & Daytime Telephone Name of Person of Per								
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy								



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 8, 2001

DONALD MARTIN 161 S. MAIN STREET, SUITE 200 MIDDLETON, MA 01949

SUBJECT: DONALD MARTIN, C.D.T. DENTAL STUDIO INC.

Ref. Number: W01000025794

We have received your document for DONALD MARTIN, C.D.T. DENTAL STUDIO INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 201A00060791

OI NOV 26 PM 5: 00
SECRETARY OF STATE

APPLIGATION 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.	(Name of corporation; words or abbreviations		INCORPORATED ge as will clearly in	o", "COMP adicate tha	INC: PANY", "CORPORATION instead			
2.	MASS AC	husetts	3					
(State or country under the law of which it is incorporated)				(FEI number, if applicable)				
4			5		PERPETUAL			
	(Date of inc	corporation)	(Duration:	Year corp. will cease to	exist or "pe	rpetual'	")
6.			UPON QUA	LECA	tion			
	(Date first transacted be	usiness in Florida. If cor (SEE SECT	poration has not tra TONS 607.1501, 6	insacted bi 07.1502 ai	flow usiness in Florida, insert ad 817.155, F.S.)	"upon quali	fication	1.")
7. <u> </u>					PAIM COAST,			_
	(Purpose(s) of co	orporation auth6rized in l	home state or coun	try to be ca	P Dental Apparried out in state of Flori	ida)		
	Name: Do	DNAID MARY	liv .	_	or Mail Drop Box <u>NOT</u>	_acceptable CRETA	- KO	71
Of		HARGROVE (PAIM COAS- (City)				RY OF STAT SSEE, FLORI	26 PM 51 70	FILED
	. Registered agent's	acceptance:			s for the above stated	2	C	he pl

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.

A. DIRECTORS Chairman: ______ Vice Chairman: Address: Director: DONALD G MARTIN Address: 198 Abboth St NO ANDOVEY, MA 01949 Director: ANNE F. MARTIN Address: 198 Abbott St NO ANDOVER MA 01949 PAIM COAST F/ 32127 B. OFFICERS President: DONALL G. MARTIN Address: 198 Abbott St NO Andever, MA 01845 Vice President: Address: ___ Secretary: _ Address: ______ Treasurer: ANNIC F. MARTIN Address: 198 Abhatt G NO Andover, MA 01845 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Mass (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. DONALD MARTIN PRESIDENT

(Typed or printed name and capacity of person signing application)

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



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State Kouse, Boston, Massachusetts 02133

October 25, 2001

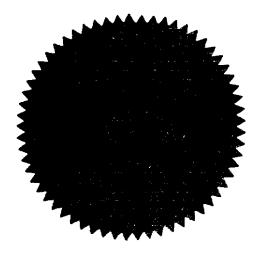
TO WHOM IT MAY CONCERN:

I hereby certify that

DONALD MARTIN, C.D.T. DENTAL STUDIO, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on January 10, 1978.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Ellian Travin Galecin

*MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the division within thirty days after the effective date of the merger or consolidation.