

FO2000003226

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roger D. Clay, D.D.S., INC.
(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:

Roger D. Clay, D.D.S.
(Name of Person)
Roger D. Clay, D.D.S., INC.
(Firm/Company)
PO Box 300
(Address)
Sophia, WV 25921
(City/State and Zip code)

For further information concerning this matter, please call:

Roger Clay at (304) 683-3274
(Name of Person) (Area Code & Daytime Telephone Number)

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*****78.75 *****78.75

| | |
|-------------------|---|
| Name Availability | STREET ADDRESS: |
| Document Examiner | Registration Section |
| Updater | Division of Corporations |
| Updater Verifier | 409 E. Gaines St. |
| Acting Updater | Tallahassee, FL 32399 |
| Updater Verifier | Enclosed is a check for the following amount: |
| Acting Updater | <input type="checkbox"/> \$70.00 Filing Fee |
| Updater Verifier | <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status |
| Acting Updater | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy |
| Updater Verifier | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |

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TALLAHASSEE, FLORIDA

**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. Roger D. Clay, D.D.S., INCORPORATED
(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. West Virginia 3. 55-0731615
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 7, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(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. P O Bx 300, Sophia WV 25921
(Principal office address)
P O Bx 300, Sophia WV 25921
(Current mailing address)
8. General Dentistry
(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: Peirle & Associates, Incorporated
Office Address: 915 Old Dixie Hwy., S.W.
Vero Beach, Florida 32962
(City) (Zip code)

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.

D.S. Peirle

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Roger D. Clay, D.D.S.

Address: 1336 LAKE DRIVE

Daniels, NV 25832

Vice President: _____

Address: _____

Secretary: SUSAN CLAY

Address: 1336 LAKE DRIVE, 1336 LAKE DR, Daniels, NV

25832

Treasurer: _____

Address: _____

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

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Roger D. Clay, DDS, President

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



Certificate

*I, Joe Manchin III, Secretary of State of the
State of West Virginia, hereby certify that*

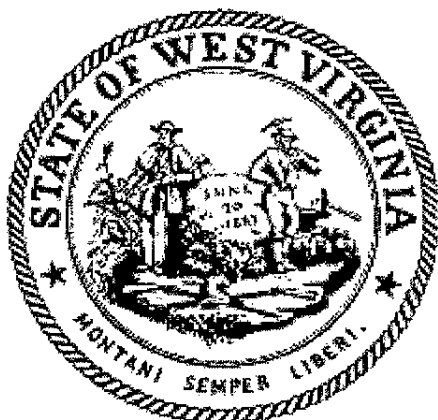
ROGER D. CLAY, D.D.S., INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by my office. The corporation has not been dissolved according to my records.

I further certify that the Tax Commissioner of West Virginia advises me that the corporation has paid all annual license taxes that are now due, and that the corporation is in good standing with the State of West Virginia.

ACCORDINGLY, I issue this

CERTIFICATE OF GOOD STANDING



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
June 5, 2002*

Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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