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COVER LETTER

TO: Registration Section Division of Corporations			
	ental Consultants, P.C. rporation - must include suffix)		
Dear Sir or Madam:			
	ion for Authorization to Transact Business in Florida," ted to register the above referenced foreign corporation to		
Please return all correspondence concerning this	matter to the following:		
Bryan L. Putnal			
	Jame of Person)		
Smith Hulsey & Busey			
(F	irm/Company)		
225 Water Street, Suite 1800			
	(Address)		
Jacksonville, Florida 32202			
(City	//State and Zip code)		
For further information concerning this matter, p	please call:		
Bryan L. Putnal at (9	04)359-7754		
	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314		
Enclosed is a check for the following amount:			
☐ \$70.00 Filing Fee			

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. Mumby & Si	mmons Dental Consultants,	Р.	C.		
	poration; must include "INCORPORAT p," "Inc," "Co," or "Corp.")	ΈD,'	"COMPANY," "CORPORATION,"		
(If name unavailab	le in Florida, enter alternate corporate n	ame a	adopted for the purpose of transacting business in	Florida)	
2. Maryland		3.	52-1804936		
(State or country ur	nder the law of which it is incorporated)	_	(FEI number, if applicable)		
4. December 2	2, 1992	5.	Perpetual		
(Date o	f incorporation)		(Duration: Year corp. will cease to exist or "per	petual")	
6.					
			Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 60	07.15	02, F.S., to determine penalty liability)		
7. 3639 Liber	ty Heights Avenue, Baltim			 	
	(Principal office	addr	ess)		
3639 Liber	ty Heights Avenue, Baltim				
	(Current mailing	addr	ress)		
R Dental					
v	of corporation authorized in home state	or co	untry to be carried out in state of Florida)	8	₽S.
, ,	•		•	SEP 29	SES
9. Name and street	address of Florida registered agent:	(P.O	. Box NOT acceptable)	رم ح	2EZ-
Name:	Dr. Edward R. Scott, II				82,
Office Address:	1100 E. Tennessee Street			PH 12: 1	RP STA
	Tallahassee		, Florida _32308-6912	<u> </u>	N SE
	(City)		(Zip code)		S

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.

Mr. Edward A. Stott II

(Registered agent's signature)

(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: Dr. William W. Mumby Address: 3639 Liberty Heights Avenue Baltimore, Maryland 21215 Vice Chairman: _____ Dr. Kenneth P. Simmons Address: 3639 Liberty Heights Avenue Baltimore, Maryland 21215 Address: B. OFFICERS President: Dr. William W. Mumby Address: 3639 Liberty Heights Avenue Baltimore, Maryland 21215 Vice President: Dr. Kenneth P. Simmons & Secretary 3639 Liberty Heights Avenue Address: ____ Baltimore, Maryland 21215 Vice President 1100 E. Tennessee Street, Tallahassee, FL 32308-6912 Address: _____ Treasurer: _____ Dr. William W. Mumby Address: ______3639 Liberty Heights Avenue, Baltimore, Maryland 21215 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Vice fresident (Signature of Director or Officer listed in number 12 of the application) 14. Dr. Kenneth P. Simmons, Vice President

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

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MUMBY & SIMMONS DENTAL CONSULTANTS, P.C. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 27, 2005.

Paul B. Anderson Charter Division

Faul B. Under

301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097