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Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**ASPEN DENTAL MANAGEMENT, INC.**

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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. ASPEN DENTAL MANAGEMENT, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Delaware**

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

**3. 22-3635491**

(FBI number, if applicable)

**4. February 9, 1999**

(Date of incorporation)

**5. Perpetual**

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

**6.**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 281 Sanders Creek Parkway - East Syracuse, New York 13057**

(Principal office address)

**281 Sanders Creek Parkway - East Syracuse, New York 13057**

(Current mailing address)

**8. TO OPERATE A DENTAL PRACTICE MANAGEMENT COMPANY**

(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 NOT acceptable)**

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(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.*

Corporation Service Company

By: T. A. G. V. P.

(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: ROBERT A. FONTANA

Address: 281 Sanders Creek Parkway  
East Syracuse, New York 13057

Vice Chairman: BENNETT ROSENTHAL

Address: 1999 Avenue of the Stars - Suite 1900  
Los Angeles, California 90067

Director: NAV RAHEMTULLA

Address: 1999 Avenue of the Stars - Suite 1900  
Los Angeles, California 90067

Director: PETER COHEN

Address: 281 Sanders Creek Parkway  
East Syracuse, New York 13057

B. OFFICERS

President: ROBERT A. FONTANA

Address: 281 Sanders Creek Parkway  
East Syracuse, New York 13057

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

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

Secretary: \_\_\_\_\_

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

Treasurer: GEOFFREY F. LEWIS

Address: 281 Sanders Creek Parkway - East Syracuse, New York 13057

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Robert A. Fontana, President

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

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# Delaware

## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASPEN DENTAL MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF APRIL, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASPEN DENTAL MANAGEMENT, INC." WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUTHENTICATED BY Bullock, Jeffrey W. State

DATE: 04-22-09