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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Mid America Family Dental Clinics, PC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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2010 JUN 25 P 12:40

RECEIVED

10 JUN 25 PM 4:16

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mid America Family Dental Clinics, PC
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," or "Certificate of Good Standing" 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:

Keith Walls

Name of Person

Mid America Family Dental Clinics, PC

Firm/Company

1499 Windhorst Way Suite 100

Address

Greenwood, IN 46032

City/State and Zip code

kwalls@mahweb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Walls

at (317) 972-7889

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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2008 JUN 25 P 12:40

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. TALLAHASSEE, FLORIDA

1. Mid America Family Dental Clinics, PC

(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. IN

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

3. 13-4256684

(FEI number, if applicable)

4. 07/03/2003

(Date of incorporation)

5. perpetual

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

6. 06/21/10

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

7. 249 E. 6th Ave. Tallahassee, FL 32308

(Principal office address)

1499 Windhorst Way, Suite 100, Greenwood, IN 46143

(Current mailing address)

8. On-site dental services including nursing homes, jails and other facilities

(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: C T Corporation System

Office Address: 1200 Pine Island Road

Plantation

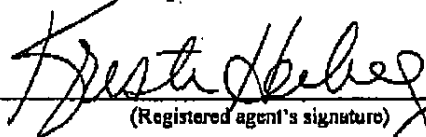
(City)

Florida 33324

(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.


(Registered agent's signature)

Kristine Heiberger
Assistant Secretary

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

2010 JUN 25 P 12:40

Chairman: _____

Address: _____
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: Martin Zodesy, DDS

Address: 8814 Princeton Pike Road Pine Bluff, AR 71602

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: Patrick M. Murphy

Address: _____

Secretary: Keith Walls

Address: 1499 Windhorst Way, Suite 100, Greenwood, IN 46143

Treasurer: _____

Address: _____

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

13. Martin Zodesy, DDS
(Signature of Director or Officer listed in number 12 of the application)

14. Martin Zodesy, D.D.S., director
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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2010 JUN 25 P 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

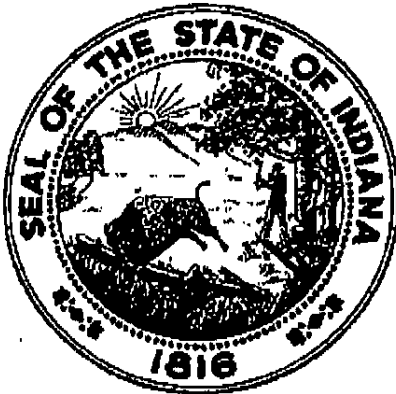
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MID AMERICA FAMILY DENTAL CLINICS, PC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 03, 2003, and was in existence or authorized to transact business in the State of Indiana on June 24, 2010.

I further certify this Domestic Professional Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Fourth Day of June, 2010.

TODD ROKITA, Secretary of State

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