

**F11000002513**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
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## From:

Account Name : C T CORPORATION SYSTEM  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**American Dental Partners of Delaware, Inc.**

Certificate of Status	0
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J. Shivers JUN 17 2011

**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. American Dental Partners, Inc.

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

American Dental Partners of Delaware, Inc.

(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. 04-3297858

(FEI number, if applicable)

4. 12/22/1995

(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. 401 Edgewater Place, Suite 430, Wakefield, MA 01880

(Principal office address)

401 Edgewater Place, Suite 430, Wakefield, MA 01880

(Current mailing address)

8. Dental Facilities Management

(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 South 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.*

C T Corporation System

By: \_\_\_\_\_

(Registered agent's signature)

Lauren H. Kretz  
**Special 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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Mr. Gregory A. Serrao

Address: 401 Edgewater Place, Suite 430  
Wakefield, MA 01880

Vice Chairman: \_\_\_\_\_

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

Director: Mr. Gregory A. Serrao

Address: 401 Edgewater Place, Suite 430  
Wakefield, MA 01880

Director: Dr. David Milbrath

Address: Metro Dentalcare  
6601 Lyndale Avenue South, Richfield, MN 55423

**B. OFFICERS**

President: Mr. Gregory Serrao

Address: 401 Edgewater Place, Suite 430  
Wakefield, MA 01880

Vice President: Mr. Michael J. Vaughan

Address: 401 Edgewater Place, Suite 430  
Wakefield, MA 01880

Secretary: Mr. Gary Wadman

Address: Baker & Hostetler, 65 East State Street, Suite 2100, Capital Square, Columbus, OH 43215

Treasurer: Mr. Brent T. Feigh

Address: 401 Edgewater Place, Suite 430, Wakefield, MA 01880

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

13. \_\_\_\_\_

*Brent T. Feigh*  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Brent T. Feigh, CFO and Treasurer

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

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ADDENDUM

AMERICAN DENTAL PARTNERS, INC.

APPLICATION BY FOREIGN CORPORATION  
FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

12A.  
Dr. Robert Hunter  
401 Edgewater Place, Suite 430  
Wakefield, MA 01880

Mr. Derril Reeves  
401 Edgewater Place, Suite 430  
Wakefield, MA 01880

Mr. Gerard Moufflet  
401 Edgewater Place, Suite 430  
Wakefield, MA 01880

Mr. Steven Semmelmayr  
401 Edgewater Place, Suite 430  
Wakefield, MA 01880

Dr. Lonnie Norris  
401 Edgewater Place, Suite 430  
Wakefield, MA 01880

Ms. Fay Donohue  
401 Edgewater Place, Suite 430  
Wakefield, MA 01880

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN DENTAL PARTNERS, 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 SIXTEENTH DAY OF JUNE, A.D. 2011.

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.

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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8839393

DATE: 06-16-11