

F95000002641
TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS**

500001502285
-05/31/95--01083--002
*****70.00 *****70.00

SUBJECT: INSTITUTIONAL DENTAL CARE, 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:

ELLEN M. GRIFFITHS
(Name of Person)
INSTITUTIONAL DENTAL CARE, INC.
(Firm/Company)
3100 20th ST., N.E.
(Address)
WASHINGTON, DC 20018
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

ELLEN GRIFFITHS at (202) 832-4156
(Name of Person) Area Code & Daytime Telephone Number

FILED
95 MAY 31 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. INSTITUTIONAL DENTAL CARE, INC.
(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. DELAWARE 3. 52-1617206
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/1/89 5. NTA PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 6/1/95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. 3100 20th ST., N.E.
WASHINGTON, D.C. 20018
(Current mailing address)

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TALLAHASSEE, FLORIDA

8. COORDINATION OF DENTAL SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: DR. PAUL ANDREWS

Office Address: 105 COUNTRY PLACE
SANDFORD, FL 32771, Florida, 32771
(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.

Paul A. Andrews RPS
(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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: MICHAEL C. GRIFFITHS, DDS

Address: 1704 LADD STREET
WHEATON, MD 20902

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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95 MAR 31 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: MICHAEL C. GRIFFITHS, DDS

Address: 1704 LADD STREET
WHEATON, MD 20902

Vice President: _____

Address: _____

Secretary: ELLEN M. GRIFFITHS

Address: 1704 LADD ST.
WHEATON, MD 20902

Treasurer: ELLEN M. GRIFFITHS

Address: 1704 LADD ST. WHEATON, MD 20902

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

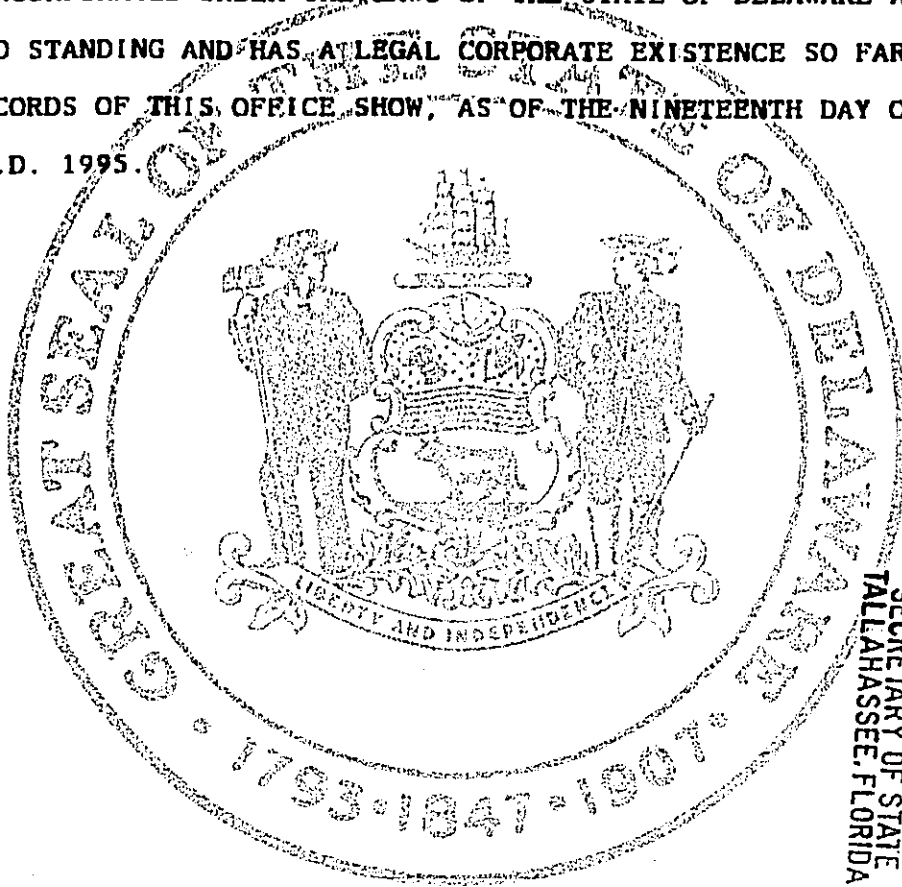
13. Ellen M. Griffiths
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ELLEN M. GRIFFITHS CORPORATE TREASURER
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSTITUTIONAL DENTAL CARE, 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 NINETEENTH DAY OF MAY, A.D. 1995.



FILED
95 MAY 31 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Edward J. Freel
Edward J. Freel, Secretary of State

2188955 8300

950107825

AUTHENTICATION: 7511254

DATE: 05-19-95

Document Number Only

F95000002641

CT CORPORATION SYSTEM

Requestor's Name

660 EAST J. STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

200001514072

-06/15/95--01061--012

*****35.00 *****35.00

Institutional Dental Care, Inc.

FILED
95 JUN 15 PM 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- ☐ Profit
☐ NonProfit
☐ Limited Liability Company
☐ Foreign

- ☐ Amendment
☐ Dissolution/Withdrawal

- ☐ Mark

- ☐ Limited Partnership
☐ Reinstatement

- ☐ Annual Report
☐ Reservation

- ☐ Other
☒ Change of R.A.
☐ Fictitious name Filing
☐ CUS

- ☐ Certified Copy

- ☐ Photo Copies

- ☐ Call When Ready
☒ Walk In
☐ Mail Out

- ☐ Call if Problem
☐ Will Wait

- ☐ After 4:30
☒ Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

6-15-95
3:00

PLEASE RETURN EXTRA COPIES
FILE STAMPED

6/15
JOHN
RA.
Change

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 807.0802, 817.0802, 807.1508, or 817.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Institutional Dental Care, Inc.

1b. Date of incorporation 5-21-95 Document number 295000002661

2. The name and address of the current registered agent and office:

Dr. Paul Andrews, 105 Country Place, Sanford, FL 32771

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Ellen M. Griffiths

SIGNATURE

6/14/95

DATE

Ellen M. Griffiths Corporate Treasurer
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

C T CORPORATION SYSTEM

SIGNATURE BY: Connie Bryan
(Registered Agent)

DATE 6/15/95

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

CR2E045 (7-91)
(FLA. - 2194 - 3/4/92)

FILING FEE: \$35.00
JOHNIE BRYAN
SPECIAL ASSISTANT SECRETARY

FILED
95 JUN 15 PM 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA