F96000001080

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: DENTAL IMPLANTOLOGY OF AMERICA, INC
(Name of corporation - do not 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:

DR THOMAS SCHOPLER
(Name of Person)

DENTAL IMPLANTOLOGY OF AMERICA, INC
(Firm/Company)

250 S DANIA BEACH BLVD
(Address)

DANIA, FLORIDA 33004
(City/State/Zip)

WTC-4971

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

DR THOMAS SCHOPLER at (954) 922 1947
(Name of Person) (Area Code & Daytime Telephone Number)

#2314

COURIER ADDRESS:

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

MAILING ADDRESS:

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

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 20, 1996

DR. THOMAS SCHOPLER
DENTAL IMPLANTOLOGY OF AMERICA INC
250 E. DANIA BEACH BLVD
DANIA, FL 33004

SUBJECT: DENTAL IMPLANTOLOGY OF AMERICA INC
Ref. Number: W96000004271

Upon receipt of the $70 filing fee and certificate of good standing, no application was enclosed. Please complete the enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida" and return it to my attention along with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Hart Collins
Senior Corporate Section Administrator Letter Number: 696A00008278

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DENTAL IMPLANTOLOGY OF AMERICA, 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
(State or country under the law of which it is incorporated)

3. 65-0636121
(FEI number, if applicable)

4. DEC. 1995
(Date of incorporation)

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

6. NONE YET
(Date first transacted business in Florida (SEE SECTIONS 607.1501, 607.1502, AND 617.1505, F.S.)

7. 250 E. DANIA BEACH BLVD.
DANIA, FLORIDA 33004
(Current mailing address)

8. DENTAL IMPLANTOLOGY SERVICES TO PATIENTS
(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: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: DR. THOMAS SCHUPLER

Office Address: 250 E. DANIA BEACH BLVD

DANIA, FLORIDA 33004, Florida, 33004
(Zip Code)

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95 MAY -1 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dr Thomas Schupler DS
(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

REQUEST SENT

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: DR. THOMAS SCHAFLER

Address: 860 U.S. HWY #1 SUITE 101
N. PALM BEACH, FL

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

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

President: DR. THOMAS SCHAFLER

Address: 1242 TYLER STREET
HOLLYWOOD, FLORIDA 33019

Vice President: DR. WADE THRELKELD

Address: 860 U.S. HWY #1
N. PALM BEACH, FLORIDA

Secretary: TERESA SCHAFLER

Address: 1242 TYLER ST.
HOLLYWOOD, FLORIDA 33019

Treasurer: TERESA SCHAFLER

Address: 1242 TYLER STREET
HOLLYWOOD, FLORIDA 33004

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

13. Dr Thomas A. Schafler
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DR. THOMAS A. SCHAFLER
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -4 AM 9:35

Edward J. Freel, Secretary of State

AUTHENTICATION

DATE