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**F980000003453**

CT Corporation System

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32310 222-1092

City State Zip Phone

**CORPORATION(S) NAME**

800002562909--9  
-06/17/98--01057--026  
\*\*\*\*\*75.00 \*\*\*\*\*75.00

Forest Irons & Associates, Inc.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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DIVISION OF CORPO.

**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. Forest Irons & Associates, 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. North Carolina (State or country under the law of which it is incorporated) 3. 56-1625016 (FEI number, if applicable)

4. September 30, 1988 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

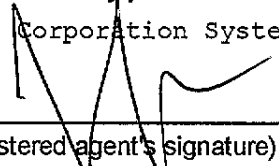
7. 2249 Southpoint Lane, New London, North Carolina 28127  
(Current mailing address)

8. See attached purpose clause  
(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: C T Corporation System  
Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)

10. Registered agent 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 obligation of my position as registered agent.*

C T Corporation System  
  
(Registered agent's signature) (Officer) **JENNIFER F AULTMAN**  
**ASSISTANT SECRETARY**

(Type Name and Title of Officer)

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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:

A. DIRECTORS

Chairman: Forest R. Irons

Address: 2249 Southpoint Lane

New London, North Carolina 28127

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

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B. OFFICERS

President: Forest R. Irons

Address: 2249 Southpoint Lane

New London, North Carolina 28127

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

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

Secretary: Gwynn Peterson

Address: 2249 Southpoint Lane


New London, North Carolina 28127

Treasurer: \_\_\_\_\_

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

\_\_\_\_\_

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

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

14. Forest R. Irons, President  
(Typed or printed name and capacity of person signing application)

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Appendix to Florida  
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Purpose Clause of  
Forest Irons & Associates, Inc.**

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1. To carry on a management consultant and advisory business relating to the operation of dental practices, dental laboratories, and other such businesses or operations relating to the professional practice of dentistry.
2. To maintain executive and operating personnel for the purpose of providing interim dental practitioners to existing dental practices and to operate and carry on a locum tenens dentist's business.
3. To examine and evaluate and give an opinion of the valuation of dental practices.
4. To engage in capital ventures and business enterprises of every kind and description relating to dentistry, including, without limitation, the purchase and sale of dentistry related assets on its own account.
5. To engage in any lawful act or activity for which corporations may be organized under Chapter 55 of the General Statutes of North Carolina.
6. In addition to the general powers granted corporations under the laws of the State of North Carolina, the corporation shall have full power and authority to do all and everything necessary and suitable or proper for the accomplishment of any of the objects, or the furtherance of any other power hereinbefore set forth, either along or in connection with other corporations, firms and individuals, and as principal or agent, and to do every other act or acts, thing or things, individually or appurtenant to, or growing out of or connected with the aforesaid obligations, purposes and powers, or any of them.

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TALLAHASSEE FLORIDA

# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

## CERTIFICATE OF EXISTENCE

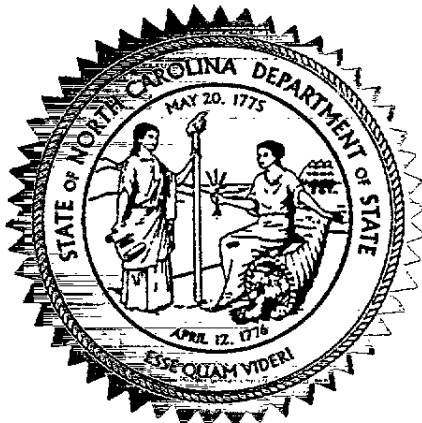
I, **ELAINE F. MARSHALL**, *Secretary of State of the State of North Carolina*, do hereby certify that

**FOREST IRONS & ASSOCIATES, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of September, 1988, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

*IN WITNESS WHEREOF*, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of June, 1998.



*Elaine F. Marshall*

Secretary of State

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