

F98000005617

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Professional Dental Hygienists, 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:

Bonnie Olzack
(Name of Person)
Professional Dental Hygienists, Inc.
(Firm/Company)
633 Lawrence St.
(Address)
Bartonsville, AR 72501
(City/State/Zip)

000002617339--0
-10/05/98--01107--004
***4815.00 ***4815.00
w98-18869
p.626
900002617339--4
-10/05/98--01107--004
***4815.00 ***4815.00
900002617339--4
-08/17/98--01077--001
*****70.00 *****70.00

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

Bonnie Olzack at (870) 698-2300
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
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

W 10/8
FILED
98 OCT -8 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 18, 1998

BONNIE OLZACK
PROFESSIONAL DENTAL HYGIENISTS, INC.
633 LAWRENCE ST.
BATESVILLE, AR 72501

SUBJECT: PROFESSIONAL DENTAL HYGIENISTS, INC.
Ref. Number: W98000018869

We have received your document for PROFESSIONAL DENTAL HYGIENISTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$8,315.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 698A00042817

*8/26/98 per conversation w/ LEE
Rivers reduce this to \$1315 Ann. fee
plus \$3500
(500 p/p for fee)
To his attn.
BID*



Department of State

Memorandum Office of the General Counsel

TO: File

FROM: Gerard York, Assistant General Counsel

DATE: October 7, 1998

RE: Professional Dental Hygienists, Inc.

Based on my review of the file and the payment received from the corporation, it is my recommendation that this file be closed and that corporation be issued a certificate of authority. Corporation has paid annual report fees from 1991 of \$1315 and foreign nonqualified penalties for the same period of \$3500 assessed at the statutory minimum of \$500 per year. Accordingly, it is recommended that this file be closed.

/gty

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TALLAHASSEE FLORIDA

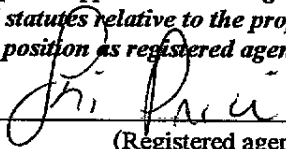
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. PROFESSIONAL DENTAL HYGIENISTS, 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. ARKANSAS 3. 36-3685902
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-29-90 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. FYE 10-31-91
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 633 LAWRENCE ST.
BATESVILLE, AR 72501
(Current mailing address)
8. DENTAL PRODUCT SALES
(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 or Mail Drop Box NOT acceptable)
Name: LORI PRICE
Office Address: 7879 SE WINDJAMMER WAY
HOBE SOUND, Florida, 33455
(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)

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

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 S. Black

Address: 633 Lawrence St.

Batesville, AR 72501

Vice Chairman: J. Phillip Boesel, Jr

Address: 633 Lawrence St.

Batesville, AR 72501

Director: J. Robert Lemon, R. Ph.

Address: 633 Lawrence St.

Batesville, AR 72501

Director: Timothy Nolan

Address: 633 Lawrence St.

Batesville, AR 72501

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

President: William T. Evans

Address: 633 Lawrence St.

Batesville, AR 72501

Vice President: Richard L. Land

Address: 633 Lawrence St.

Batesville, AR 72501

Secretary/Treas: Robert E. Christian

Address: 633 Lawrence St.

Batesville, AR 72501

Chief Operating Officer: Frank H. Newton

Address: 633 Lawrence St.

Batesville, AR 72501

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

13. [Signature]

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

14. Richard L. Land Vice President

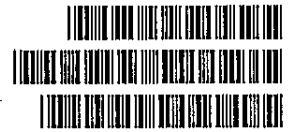
(Typed or printed name and capacity of person signing application)

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98 OCT -8 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Sharon Priest
SECRETARY OF STATE

State of Arkansas SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF A DOMESTIC CORPORATION

I, Sharon Priest, Secretary of State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show:

PROFESSIONAL DENTAL HYGIENISTS, INC.

a corporation chartered under the laws of the State of Arkansas, filed Articles of Incorporation January 29, 1990.

I further certify that as far as the records show, this corporation is at this time chartered and in good standing, having met all the requirements governing a domestic corporation in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal. Done at my office in the City of Little Rock, Arkansas this 29th day of May 1998.

Sharon Priest

Sharon Priest, Secretary of State

by:

D E Morrow
D E Morrow

C-2/Rev 10-1-88

FILED
98 OCT -8 PM 10:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA