

L51250

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_

(Business Entity Name)

\_\_\_\_\_

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Charter Number Only

L51250

ALBERTO A. DE CARDENAS, D.M.D.

Requestor's Name

5376 N. 16th Avenue

Address

HIALEAH FL. 33012 ZIP 305) 558-8743

City

State

ZIP

Phone

CORPORATION NAME

DE CARDENAS DENTAL CLINIC, P.A.

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-02/12/90--000080--006  
V  
DOMESTIC CHARTERS 70.00  
REGISTERED AGENT-----70.0  
CHARTER FILING-----70.0  
CERT. PHOTOCOPY-----70.0  
TOTAL-----70.0

Profit  
 NonProfit

Amendment

Merger

Foreign

Dissolution

Align Business Organization

Limited Partnership  
 Other:

Change of Registered Agent

Certified Copy

Photo Copies

Certificate Under Seal

Walk In

Mail Walk

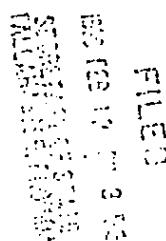
Pick Up

Mail Out

L.R.  
2-15

SEARCHED	
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SEARCHED _____	
INDEXED _____	
SERIALIZED _____	
FILED _____	
APR 15 1990	
FBI - MIAMI	

C. TAX \_\_\_\_\_  
PHONE \_\_\_\_\_  
R. AGENT \_\_\_\_\_  
C. COPY \_\_\_\_\_  
TOTAL \_\_\_\_\_  
R. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_  
PHOTOCOPY \_\_\_\_\_



MIAMI COVER (12-85)

151250 FILED  
FLORIDA

ARTICLES OF INCORPORATION

of

DE CARDENAS DENTAL CLINIC, P.A.

We, the undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation under the Laws of the State of Florida.

ARTICLE I

Name of Corporation

The name of the corporation shall be: De Cardenas Dental Clinic, P.A.

ARTICLE II

Nature of business

The general nature of the business to be transacted by this corporation is dental practice, and any other activities or business permitted under the laws of the United States and the State of Florida.

To manufacture, purchase or otherwise acquire, and to own, mortgage, pledge, sell, assign, transfer, or otherwise dispose of, and to invest in, trade in, deal in and with goods, wares, merchandise, real and personal property, and services, of every class, kind and description except that it is not to conduct a banking, safe deposit, trust, insurance, surety, express, railroad, canal, telegraph, telephone or cemetery company, a building and loan association, mutual fire insurance association, cooperative association, mutual life insurance association, cooperative association, fraternal benefit society, state fair or exposition.

To conduct business in, have one or more offices in, and buy, hold, mortgage, sell, convey, lease or otherwise dispose of real and personal property, including franchises, patents, copyrights, trademarks and licenses, in the State of Florida, and in all other states and countries.

To contract debts and borrow money, issue and sell or pledge bonds, debentures, notes and other evidences of indebtedness and execute such mortgages, transfers of corporate property, or other instruments to secure the payment of corporate indebtedness as required.

To purchase the corporate assets of any other corporation and engage in the same or other character of business.

To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, or other evidences of indebtedness created by any other corporation of the State of Florida, or any other state or government, and while owner of such stock to exercise all the rights, powers and privileges of ownership, including the right to vote such stock.

ARTICLE III  
Capital Stock

The maximum number of shares of stock that the corporation is authorized to have outstanding at any one time is: Five hundred (500) of common stock at no par value.-

ARTICLE IV  
Initial Capital

The amount of capital with which this corporation will begin business is not less than Five Hundred (\$500.00) Dollars.

ARTICLE V  
Term of Existence

This corporation is to exist perpetually.

ARTICLE VI  
Principal Place of Business

The initial street address in this state of the principal office of this corporation is: 5376 West 16th Avenue, Miami Beach.

Dade County, Florida. The board of Directors may, from time to time, move the principal office to any other address in Florida.

ARTICLE VII

Directors

This corporation shall have no less than four directors initially. The number of directors may be increased or diminished from time to time, by by-laws adopted by the stockholders.

ARTICLE VIII

Initial Directors

The name and street addresses of the members of the first Board of Directors are:

-ALBERTO A. DE CARDENAS, P.D.M.	-19741 N.W. 58th Avenue Miami, Fl. 33015
-President	
-ALBERTO DE CARDENAS, D.O.S.	-6147 W. 14th Lane Hialeah, Fl. 33012
-Vice-President	
-SILVIA DE CARDENAS	-6147 W. 14th Lane Hialeah, Fl. 33012
-Treasurer	
-LISSETT DE CARDENAS	-19741 N.W. 58th Avenue Miami, Fl. 33015
-Secretary	

ARTICLE IX

Subscribers

The names and street addresses of the subscribers of these Articles of Incorporation, the number of shares of stock which they agree to take and the value of the consideration therefore are:

NAME	ADDRESS	SHARES	CONSIDERATION
ALBERTO A. DE CARDENAS, P.D.M.	-19741 NW 58 Ave.-Miami, Fl.	250	No Par Value
ALBERTO DE CARDENAS, D.O.S.	-6147 W. 14 Ln.-Hialeah, Fl.	250	No Par Value

ARTICLE X

Registered Agent

The initial designation of the registered office of this corporation shall be 5376 West 16th Avenue, Hialeah, Fl. 33012,  
and the registered agent shall be Alberto A. de

Cordemus, P.M.D.-

Pursuant to Florida Statutes Section 607.166, having been named to accept process for the above stated corporation, at the place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

by: Alberto A. de Cordemus  
Registered Agent

ARTICLE XI

Amendment

These Articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at the stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of incorporation be made.

IN WITNESS WHEREOF, we, the incorporators above named, have hereunto set our hands and seals this 8th day of February , 1990.-

Alberto A. de Cordemus Alberto A. de Cordemus  
Santos de Cordemus Santos de Cordemus

STATE OF FLORIDA : / SS.  
COUNTY OF DADE : /

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Alberto A. de Cardenas, Alberto de Cardenas, Silvia de Cardenas and Lissette de Cardenas.

to me known to be the persons described as subscribers in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the county and state named above,  
this 10th day of February, 1990.

  
NOTARY PUBLIC, State of Florida  
at Largo

By Commission Expires:

NOTARY PUBLIC  
State of Florida  
Commission Expires: 02/09/2000

FILE NOW! CORPORATE STATUS WILL BE  
DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT  
1991



DEPARTMENT OF CORPORATIONS  
Division of Corporations

FILING FEE OF \$61.25 REQUIRED

Name and Mailing Address of Corporation DOCUMENT #L51250 (3)

DE CARDENAS DENTAL CLINIC, P.A.  
5376 WEST 16TH AVENUE  
HIALEAH, FL 33012

DISCLAIMER IN THIS FORM

I acknowledge that I am the owner of my corporation. The NAME of my corporation can be changed only by filing an amendment to my Articles of Incorporation.

Other Address

PO BOX

CHAMBERS

MAILING ADDRESS

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

Date Incorporated or Organized	4. File Number	5. File Number - Agent for	6. Certificate of Status Desired
02/12/1990	APPLIED FOR 65.017-0728		
5. Name and Street Address of Each Officer and Director, Preferred Name of Each Officer and Director, and Date of Birth	6. Name of Officer or Director	7. Preferred Name of Officer or Director	8. City and State
P/D DE CARDENAS, ALBERTO A.	19741 N.W. 58TH AVE.	MIAMI, FL	
V/D DE CARDENAS, ALBERTO	6147 W. 14TH LN	HIALEAH, FL	
T/D DE CARDENAS, SILVIA	6147 W. 14TH LN	HIALEAH, FL	
S/D DE CARDENAS, LISSETT	19741 N.W. 58TH AVE.	MIAMI, FL	

REGISTERED AGENT INFORMATION

7. Name and Address of Registered Agent

DE CARDENAS, ALBERTO A.  
5376 WEST 16TH AVENUE  
HIALEAH, FL 33012

8. Street Address (DO NOT Use P.O. Box Number)

9. City and State (DO NOT Use P.O. Box Number)

10. Zip Code

FL

I, Alberto A. de Cardenas, do solemnly swear that the above named corporation submits this statement by the corporate officer or the registered agent, or both, in the State of Florida. Such officer was authorized by the corporation's board of directors to make this statement. I further declare that I am the true and lawful owner of the corporation or that I am an employee of the corporation that has been authorized to execute this report as required by Chapter 607, Florida Statutes.

11. I declare that the information contained on the annual report or supplemental annual report is true and accurate and my signature shall have the same meaning as "my signature". I further certify that I am the true and lawful owner of the corporation or that I am an employee of the corporation that has been authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block or in capital letters with no address.

*Alberto A. de Cardenas* *President* *3/14/91*  
*3305-1821-2752*

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required  
for Certificates of Status

FILE NOW! CORPORATE STATUS WILL BE  
DELINQUENT AFTER JULY 1ST.

ORPORATION

ANNUAL REPORT  
1992



STATE OF FLORIDA  
DEPARTMENT OF STATE  
REGISTRATION AND  
CORPORATIONS DIVISION

FEB 17 1992

APPROVED  
SEC. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FLA.  
FILED

**FILING FEE \$61.25 Make Payable To: Secretary of State**

1. Name and Mailing Address of Corporation DOCUMENT #L51260 (3)

**DE CARDENAS DENTAL CLINIC, P.A.**  
5378 WEST 16TH AVENUE  
HIALEAH FL 33012-2165

DO NOT WRITE IN THIS SPACEL

2. If address in Block 1 is incorrect in any way, list the correct information and enter the correct address in Box 22. If accurate, the name of the corporation can be checked off in Box 23. All other information

21 Mailing Address

22 P.O. Box No

23 City and State

02/12/1990

3. If name and address of corporation is incorrect in any way, line through the incorrect information and enter correct address in Boxes 21 & 22

3a. Date Report	4. FEI Number	5. FEI Number Approved For	6. SN 75
02/19/1991	65-0170728	FEI Number Not Applicable	CERTIFICATE OF STATUS

5. List Name and Title of Each Officer and Director (Do not use any contraction type or fluid to denote date or correct information)

	Name of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1. P/D	DE CARDENAS, ALBERTO A.	19741 N.W. 58TH AVE.	MIAMI, FL
2. V/D	DE CARDENAS, ALBERTO	6147 W. 14TH LN	HIALEAH, FL
3. T/D	DE CARDENAS, SILVIA	6147 W. 14TH LN	HIALEAH, FL
4. S/D	DE CARDENAS, LISSETT	19741 N.W. 58TH AVE.	MIAMI, FL
5.			
6.			

**REGISTERED AGENT INFORMATION**

7. Name and Address of Registered Agent

**DE CARDENAS, ALBERTO A.**  
5378 WEST 16TH AVENUE  
HIALEAH, FL 33012

81	Name
82	Street Address (Do NOT Use P.O. Box Number)
83	Street Address (Do NOT Use P.O. Box Number)
84	City
85	State

9. Pursuant to Sections 407.0502 and 407.1502 of Statutes 197.0502 and L-7.1502, Florida Statutes, the corporation shall file annually with the Department of State a copy of its annual report to the registered office or registered agent, or both, in the State of Florida. Such charge shall be imposed by the corporation's board of directors at the time of filing the annual report to the registered office or registered agent. Each charge is \$10.00. Florida Statutes

10. I, the corporation, for the last year filed under § 409.012, Florida Statutes, Yes  No  (If No, state the name of the corporation)

11. I, the corporation, do hereby declare that my corporation is not subject to reporting requirements and that my registrant shall have the right to file a copy of the annual report to the registered office or registered agent, or both, in the State of Florida, and that my corporation is not subject to the restrictions imposed by Chapter 407.0502 and 407.1502, Florida Statutes, concerning the filing of annual reports. I also declare that my corporation has no place of business in this state other than the place of incorporation.

SIGNATURE *Alberto A. de Cardenas*

*Alberto A. de Cardenas, Pres.*

*2/12/92*

*11-305-821-2752*

File Now. Filing Fee after May 1 is \$225.00

CORPORATION  
ANNUAL REPORT  
1993



DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

1. ANNUAL REPORTING INFORMATION  
DOCUMENT # L51250 (3)  
**DE CARDENAS DENTAL CLINIC, P.A.**  
5376 W 16TH AVE  
HIALEAH FL 33012-2165

FILING FEE ANNUAL REPORT \$151.00 \$138.75 CORPORATION SUPPLEMENTAL FEE  
\$20.00 MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address  
21 26  
22 27  
23 28  
24 25 29 30  
25 26 27 28  
26 27 28 29  
27 28 29 30  
28 29 30

9. Name and Address of Current Registered Agent

DE CARDENAS, ALBERTO A.  
5376 WEST 16TH AVENUE  
HIALEAH FL 33012

DO NOT WRITE IN THIS SECTION  
3. DOCUMENT NUMBER 34. DATE RECEIVED  
02/12/1990 02/19/1992  
4. ATTACHMENT NUMBER  
**650170728**  
5. CASH AND CREDIT CARD \$8.75  
6. CASH AND CREDIT CARD \$5.00  
7. CASH AND CREDIT CARD \$138.75  
8. CASH AND CREDIT CARD

10. Name and Address of New Registered Agent

B1. NAME  
B2. C/O ALBERTO A. DE CARDENAS, P.A.  
B3.  
B4. CITY **FL** STATE **FL** ZIP CODE **33012**

11. I declare under penalty of perjury that the information contained in this document is true and correct to the best of my knowledge and belief. I further declare that I am the registered agent for the corporation named above and that I have read the Florida Statutes concerning the filing of this document and that I am familiar with the requirements of the law.

12. OFFICERS AND DIRECTORS

P/D DE CARDENAS, ALBERTO A. 19741 N.W. 38TH AVE. MIAMI FL	1. P/D 2. V/D 3. T/D 4. S/D	5. P/D 6. V/D 7. T/D 8. S/D	9. P/D 10. V/D 11. T/D 12. S/D
V/D DE CARDENAS, ALBERTO 6147 W. 14TH LN HIALEAH FL	13. P/D 14. V/D 15. T/D 16. S/D	17. P/D 18. V/D 19. T/D 20. S/D	21. P/D 22. V/D 23. T/D 24. S/D
T/D DE CARDENAS, SILVIA 6147 W. 14TH LN HIALEAH FL	25. P/D 26. V/D 27. T/D 28. S/D	29. P/D 30. V/D 31. T/D 32. S/D	33. P/D 34. V/D 35. T/D 36. S/D
S/D DE CARDENAS, LISSETT 19741 N.W. 38TH AVE. MIAMI FL	37. P/D 38. V/D 39. T/D 40. S/D	41. P/D 42. V/D 43. T/D 44. S/D	45. P/D 46. V/D 47. T/D 48. S/D

13. I declare under penalty of perjury that the signature(s) appearing below is/are the original signatures of the officer(s) or director(s) whose names appear above. I further declare that the officer(s) or director(s) whose names appear above are authorized to sign this document on behalf of the corporation named above.

14. NATURE *De Cardenras, D.A.*

2/10/92

Alvaro A. de Cardenras President

005 821-2752

FILE NOW: FILING FEE AFTER MAY 1 IS \$226.00

APR 18 1994  
AMERICAN  
FILER

1994

04 JUN 31 AM 10:25

DE CARDENAS DENTAL CLINIC, P.A.

DOCUMENT #  
L51250 (3)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5376 WEST 16TH AVENUE  
HIALEAH FL 33012

5376 WEST 16TH AVENUE  
HIALEAH FL 33012

CASE TO WRITE IN THIS SPACE

3. Date of Incorporation or Organization 02/12/1980 34. Date of Last Filing 03/10/1993

65-0170726

5. Estimated Value of Business \$8.75 6. Business Character  
8. Business Name  
9. Business Address

\$5.00 Reg'd.  
Ass't to Reg'

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

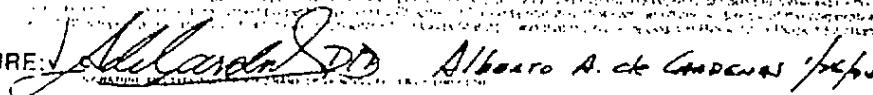
DE CARDENAS, ALBERTO A.  
5376 WEST 16TH AVENUE  
HIALEAH FL 33012

151  
152  
153  
154  
FL 85

11. Name and Address of Person Authorizing Filing  
P/D  
DE CARDENAS, ALBERTO A.  
19741 N.W. 58TH AVE.  
MIAMI FL  
WD  
DE CARDENAS, ALBERTO A.  
8447 W. 16TH LN.  
HIALEAH FL  
TO  
DE CARDENAS, SIEVA  
8447 W. 16TH LN.  
HIALEAH FL  
SD  
DE CARDENAS, LISSETT  
19741 N.W. 58TH AVE.  
MIAMI FL

12. Name and Address of Person Authorizing Filing P/D DE CARDENAS, ALBERTO A. 19741 N.W. 58TH AVE. MIAMI FL WD DE CARDENAS, ALBERTO A. 8447 W. 16TH LN. HIALEAH FL TO DE CARDENAS, SIEVA 8447 W. 16TH LN. HIALEAH FL SD DE CARDENAS, LISSETT 19741 N.W. 58TH AVE. MIAMI FL	13. SIGNATURE OF OFFICERS AND DIRECTORS X 4  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
P/D	1
DE CARDENAS, ALBERTO A.	2
19741 N.W. 58TH AVE.	3
MIAMI FL	4
WD	5
DE CARDENAS, ALBERTO A.	6
8447 W. 16TH LN.	7
HIALEAH FL	8
TO	9
DE CARDENAS, SIEVA	10
8447 W. 16TH LN.	11
HIALEAH FL	12
SD	13
DE CARDENAS, LISSETT	14
19741 N.W. 58TH AVE.	15
MIAMI FL	16

SIGNATURE:

 Alberto A. de Cardenas /s/po