

L51250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

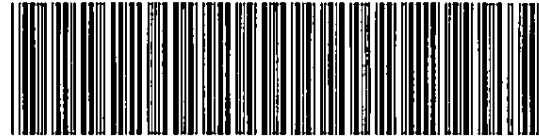
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Charter Number Only

L51250

VALIDATION ONLY

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

Requestor's Name

5376 N. 16th Avenue

Address

HTALEAH FL 33012 305) 558-8743

City State ZIP Phone

-02/12/90--00080--105
DOMESTIC CHARTERS 70.00
REGISTERED AGENT-----20.00
CHARTER FILING-----20.00
CERT PHOTO COPY-----20.00
TOTAL-----130.00

CORPORATION NAME

DE CARDENAS DENTAL CLINIC, P.A.

- Profit
- NonProfit
- Amendment
- Merger
- Foreign
- Dissolution
- Alien Business Organization
- Limited Partnership
- Change of Registered Agent
- Other:
- Cancelled Copy
- Photo Copies
- Certificate Under Seal
- Walk In
- Walk Wait
- Pick Up
- Mail Out

LR
2/15

Name	
Address	
Signature	<i>[Signature]</i>
License	
Workshop	
Admission/Registration	
W.P. Number	

C. TAX _____
 PAID _____
 R. AGENT _____
 C. COPY _____
 TOTAL _____
 R. BANK _____
 BALANCE DUE _____
 REFUND _____
 PHOTOCOPY _____

FILED
FEB 12 1990
STATE OF FLORIDA
TALLAHASSEE REGISTERED AGENT

151250 FILED
FEB 11 1938

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 fire 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, Hialeah.

Dade County, Florida. The board of Directors may, from time to time, have 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, INC.	-19741 N.W. 58th Avenue
-President	Miami, Fl. 33015
-ALBERTO DE CARDENAS, DOS.	-6147 W. 14th Lane
-Vice-President	Hialeah, Fl. 33012
-SILVIA DE CARDENAS	-6147 W. 14th Lane
-Treasurer	Hialeah, Fl. 33012
-LISSETT DE CARDENAS	-19741 N.W. 58th Avenue
-Secretary	Miami, Fl. 33015

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 contribution therefore are:

NAME	ADDRESS	SHARES	CONSIDERATION
ALBERTO A. DE CARDENAS, INC	-19741 NW 58 Ave.-Miami, Fl.	250	No Par Value
ALBERTO DE CARDENAS, DOS	-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 Cardenas, D.M.D.-

Pursuant to Florida Statutes Section 607.164, 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 Cardenas, D.M.D.
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 Cardenas, D.M.D. Alberto A. de Cardenas, D.M.D.
Alberto A. de Cardenas, D.M.D. Alberto A. de Cardenas, D.M.D.

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

CORPORATION
ANNUAL REPORT
1991



DEPARTMENT OF REVENUE
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

POST OFFICE BOX NUMBER

Address in Block 7 is required in any way other than the address shown. PD Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.
Street Address
P.O. Box
City and State
Zip Code

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

Date Incorporated or Qualified To Do Business in Florida 02/12/1990 APPLIED FOR 65.017-0728
Filing Fee Applied For CERTIFICATE OF STATUS DESIRE

Title	Name of Officer and Director	Street Address of Each Officer and Director (Do not include apartment or suite number and do not include P.O. Box Number)	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

Name and Address of Registered Agent
DE CARDENAS, ALBERTO A.
5376 WEST 16TH AVENUE
HIALEAH, FL 33012

I, the undersigned, do hereby certify that I am a resident of the State of Florida and that I am duly qualified to act as the registered agent for the corporation named herein, and that my name and address are those shown on this report as required by Chapter 607, Florida Statutes, and that my name and address are those shown on this report as required by Chapter 607, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Registered Agent Accepting Appointment)

I hereby certify that the information contained on this annual report or supplemental annual report is true and accurate and that the signature shall have the same full effect as made above. I further certify that I am not a partner in, officer or director of, or in any way connected with the corporation in the preparation or filing of this report as required by Chapter 607, Florida Statutes, and that my name and address are those shown on this report as required by Chapter 607, Florida Statutes.

Alberto A. de Cardenas
Alberto A. de Cardenas President 305 821-2752

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

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

INCORPORATION
ANNUAL REPORT
1992



DEPARTMENT OF STATE
CORPORATION DIVISION

RECEIVED

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

FILING FEE \$63.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #L51250 (3)**
DE CARDENAS DENTAL CLINIC, P.A.
5376 WEST 16TH AVENUE
HIALEAH FL 33012-2165

2. If Address in Block 1 is incorrect in any way and the incorporator information and other the correct address information, check the "BLOCK" of the corporation on the certificate by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State

3. Date Incorporation or Qualified To Do Business in Florida: **02/12/1990**

4. Filing Date of Last Report: **02/19/1991**

4. FEI Number: **65-0170728**

5. Filing Fee: **\$63.25**

6. Filing Fee Number: **CERTIFICATE OF STATUS**

5. Name and Street Address of Each Officer and Director (Do not use any correction type or paid knowledge over correct information)

1	2 Name of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 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			

7. Registered Agent Information

7. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent:

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

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City

85 State

9. I, the undersigned, being a resident of this State, do hereby certify that the above named incorporator or incorporators are the persons who have organized or reorganized, or both, in the State of Florida, the corporation named herein and that the same is in compliance with the provisions of Sections 607.0502 and 607.1502 of the Florida Statutes. Such change was authorized by the corporation's board of directors and the incorporator or incorporators of the corporation.

10. This corporation has filed its 1991 tax return under 609.013, Florida Statutes. Yes No (File other side for information only)

11. I, the undersigned, being a resident of this State, do hereby certify that the above named incorporator or incorporators are the persons who have organized or reorganized, or both, in the State of Florida, the corporation named herein and that the same is in compliance with the provisions of Sections 607.0502 and 607.1502 of the Florida Statutes. Such change was authorized by the corporation's board of directors and the incorporator or incorporators of the corporation.

SIGNATURE: *Alberto A. de Cardenas* **Pres.**

DATE: **2/10/92**

FILE NO: **305 821-2752**

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ACCEPTED AND FILED

1994



94 JAN 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

PLEASE WRITE IN THIS SPACE

3. Date of last renewal of license	02/12/1990	34. Date of last payment	03/10/1993
4. License No.	65-0170728	5. License Fee	\$8.75
6. Renewal Fee		7. State Fee	\$5.00 (Add to License Fee)

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

12. ADDRESSES OF DIRECTORS

P/D
DE CARDENAS, ALBERTO A.
19741 N.W. 58TH AVE.
MIAMI FL
WB

DE CARDENAS, ALBERTO
6447 W. 14TH LN.
HIALEAH FL
TD

DE CARDENAS, SILVA
6447 W. 14TH LN.
HIALEAH FL
S/D

DE CARDENAS, LISSETT
19741 N.W. 58TH AVE.
MIAMI FL

13. POWERS, DUTIES AND LIMITATIONS

SIGNATURE

Alberto A. de Cardenas
Alberto A. de Cardenas