

N 96000004429

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: DENTAL HEALTH SERVICES OF FLORIDA, inc.
(Proposed corporate name - must include suffix)

600001929736
-08/22/96--01061--019
****122.50 ****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate	<input checked="" type="checkbox"/> \$122.50 Filing Fee & Certified Copy	<input type="checkbox"/> \$131.25 Filing Fee, Certified Copy & Certificate
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FROM: BERNARD KOPET, P.A.
Name (Printed or typed)

4310 SHERIDAN STREET
Address

HOLLYWOOD, FLORIDA 33021
City, State & Zip

(954) 961-1040
Daytime Telephone number

96 AUG 22 AM 8:38
STATE
TALLAHASSEE, FLORIDA

AUG 26 1996

BSB

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

DENTAL HEALTH SERVICES OF FLORIDA, INC.

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

610 N.E. 124th STREET
NORTH MIAMI, FLORIDA 33161

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

TO PROVIDE FACILITIES FOR DENTAL TREATMENT.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

ELECTED BY BOARD OF DIRECTORS.

FILED
96 AUG 22 AM 8:38
TALLAHASSEE, FLORIDA

Limitation of corporate powers

N/A

Initial registered agent and street address

JOSEPH MARROCCO
610 N.E. 124th STREET
NORTH MIAMI, FLORIDA 33161

Incorporators

JOSEPH MARROCCO - PRESIDENT/SECRETARY
610 N.E. 124th STREET
NORTH MIAMI, FLORIDA 33161

DAVID M. PREBLE, D.D.S., J.D.- VICE PRESIDENT
610 N.E. 124th STREET
NORTH MIAMI, FLORIDA 33161

The undersigned incorporator has executed these Articles of Incorporation this 20 day of AUGUST, 19 96.

JOSEPH MARROCCO
Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

DENTAL HEALTH SERVICES OF FLORIDA, INC.

(must include suffix)

2. The name and address of the registered agent and office is:

JOSEPH MARROCCO

(NAME)

610 N.E. 124th STREET

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

NORTH MIAMI, FLORIDA 33161

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

(DATE)