

TRANSMITTED LETTER  
**P00000001383**

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

400003081734--6  
-12/28/99--01042--018  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT:** CORO ORTHODONTICS, PA  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Jorge C. Coro, D.M.D., M.S.  
Name (Printed or typed)

878 South Dixie Highway  
Address

Coral Gables, FL 33146  
City, State & Zip

(305) 661-9798  
Daytime Telephone number

FILED  
99 DEC 28 PM 5:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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

1-5-1  
W

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

CORO ORTHODONTICS, P.A.

### ARTICLE II PRINCIPAL OFFICE

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

896 South Dixie Highway  
Coral Gables, FL 33146

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

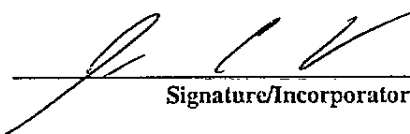
The name and Florida street address of the initial registered agent are:

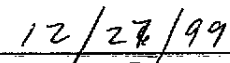
Jorge C. Coro, D.M.D., M.S.  
878 South Dixie Highway  
Coral Gables, FL 33146

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

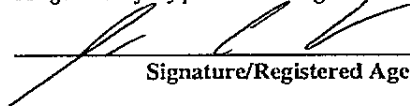
Jorge C. Coro, D.M.D., M.S.  
878 South Dixie Highway  
Coral Gables, FL 33146

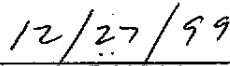
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ARTICLE VI PURPOSE

This corporation may engage or transact in any or all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation, and the practice of Orthodontics.