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

000003094050--6 -01/11/00--01016--004 *****78.75 *****78.75

SUBJECT: Proposed corporate name must include suffix)

Enclosed is an origin	al and one(1) copy of the ar	ticles of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	DR. Veroni Name	e (Printed or typed)	—— X ঈ	00 SE
	55 Edgewoot	Address	X _AHASS	SECKE V.A.
	Dunedin	FL 34698 ity, State & Zip	X	AN 9: 05
	727-734-C	1796 e Telephone number	X	OS ATE

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

ARTICLES OF INCORPORATION OF VERONICA THOMPSON, D.D.S., P.A.

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 Veronica Thompson, D.D.S., P.A.

ARTICLE II EFFECTIVE DATE

This corporation shall have an effective date of January 1, 2000

ARTICLE III TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE IV NATURE OF BUSINESS

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

ARTICLE V PRINCIPAL OFFICE AND MAILING ADDRESS

The principal place of business and mailing address of this corporation shall be 55 Edgewater Dr. Dunedin, Florida 34698.

ARTICLE VI CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$ 1.00 par value per share.

ARTICLE VII INITIAL REGISTERED AGENT AND ADDRESS

The address of the initial registered agent is 55 Edgewater Dr. Dunedin, Florida 34698 and the name of the initial registered agent of the corporation at that address is Veronica Thompson.

ARTICLE VIII DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. The corporation shall have one Director initially. The name and address of that initial Director is:

Veronica Thompson 55 Edgewater Dr. Dunedin, Florida 34698 OO JAN IO AM 9: 05
SECKELLRY OF STATE
TALLAHASSEE, FLORID

ARTICLE IX INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Veronica Thompson, DDS, 55 Edgewater Dr., Dunedin, Florida 34698.

ARTICLE X AMENDMENT OF ARTICLES

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to the reservation.

The undersigned has executed these Articles of Incorporation on this 27 day of December, 1999.

Veronica Thompson Incorporator

STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared Veronica Thompson who is personally known to me or who has produced the following identication: Florida Juwess License , and is the person who executed the foregoing Articles of Incorporation and he acknowledges to and before me that he executed such instrument.

GERALD E. MEDLEN
MY COMMISSION # CC 877951
EXPIRES: October 10, 2003

Bonded Thru Notary Public Underwriters

GERALD E. MEDLEN Stamped, Printed or typed name of Notary Public SECREDARY OF STATE TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

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 of registered Agent

Date