TRANSMITTAL LETTER ## 100000015774

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

FILED	
OO FEB 14 AM O.	7
SECRETALY OF STATE TALLAHASSEE, FLORIC	Ξ

SUBJECT:	All Seasons Deutal Clinic In.
	(Proposed corporate name - must include suffix)

500003135125--2 -02/15/00--01011--006 *****78.75 *****78.75

Enclosed is an origin	all and one(1) copy of the artic	les of incorporation and a	check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM: Chavles S. Baldwin

Name (Printed or typed)

1415 70 South Military Trail, Ste C-2

Address

Address

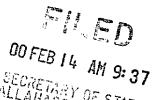
Selvay Beach, Florida 334/4/5

City, State & Zip

Dayting Telephone number

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

ARTICLES OF INCORPORATION



The undersigned incorporator, for the purpose of forming a corporation under the Florida Business, FLORIDA Corporation.

ARTICLE I NAME

The name of the corporation shall be: ALL SEASONS DENTAL CLINIC, INC.

ARTICLE II PRINCIPAL OFFICE

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

14570 South Military Trail Suite C-2 Delray Beach, Fla. 33445

ARTICLE III SHARES

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

One Thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Charles S. Baldwin 5742 Aspen Ridge Circle Delray Beach, Fla. 33484

ARTICLE V INCORPORATOR

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

Charles S. Baldwin 5742 Aspen Ridge Circle Delray Beach, Fla. 33484

Signature of incorporator

Feb. 5, 2000

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 obligationns of my position as n as OFEB IL M. 9:31 registered agent.