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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
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DIVISION OF CORPORATIONS
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FLORIDA PROFIT CORPORATION OR P.A.

FAMILY DENTAL CARE GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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B. McKnight, FEB 24 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 23, 2000

FAS-T

SUBJECT: FAMILY DENTAL CARE GROUP, INC.
REF: W00000005033

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity must be identical throughout the document.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight
Document Specialist

FAX Aud. #: H00000008191
Letter Number: 600A00009890

ARTICLES OF INCORPORATION
OF

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: FAMILY DENTAL CARE GROUP, INC.
The principle place of business of this corporation shall be:
6A-1013 W. MAIN STREET, IMMOKALEE, FLORIDA 34142

ARTICLE II NATURE OF BUSINESS

This corporation may engage in 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, county, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorisd to have outstanding at any time is: 100 @ \$1.00 par value per share.

ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTOR

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are)

KIRPAL SINGH PARMAR, 6A-1013 W. MAIN STREET, IMMOKALEE,
FLORIDA 34142

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00 FEB 24 PM 1:07

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are) :

KIRPAL SINGH PARMAR, 6A-1013 W. MAIN STREET, IMMOKALEE, FLORIDA 34142

IN WITNESS WHEREOF , the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 23rd day of FEBRUARY, 2000.

Signature(s) of Incorporator(s)

Kirpal S Parmar

**KIRPAL SINGH PARMAR
6A-1013 W Main STRET
IMMOKALEE, FL 34142**

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED THIS FIRST DAY OF FEBRUARY, 2000 BY KIRPAL SINGH PARMAR WHO IS PERSONALLY KNOWN TO ME AND WHO DID TAKE AN OATH.

[Signature]
Notary Public
My Commission CC613899
Expires January 15, 2001

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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DIVISION OF CORPORATIONS
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Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designing the registered office/registered agent, in the State of Florida

The name of the corporation **FAMILY DENTAL CARE GROUP, 6A-1013 W. MAIN STREET, IMMOKALEE, FLORIDA, 34142** INC.

2. The name and address of the registered agent and office **6A 1013 W MAIN STREET, IMMOKALEE, FLORIDA 34142, KIRPAL SINGH PARMAR**

SIGNATURE *Kirpal S Parmar*

(CORPORATE OFFICER)

TITLE - PRESIDENT

DATE - FEBRUARY 23, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Kirpal S Parmar*

REGISTERED OFFICER/AGENT
FEBRUARY 23, 2000

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED THIS FIRST DAY OF FEBRUARY 1, 2000 BY KIRPAL SINGH PARMAR, 6A-1013 W. MAIN STREET, IMMOKALEE, FLORIDA 34142. WHO IS PERSONALLY KNOWN TO ME AND WHO DID TAKE AN OATH.

[Signature]
Notary Public
My Commission Expires January 15, 2001