## POORSMALE BY SMALE BY

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

\_**900003059789**--5 -12/03/99--01042--002 \*\*\*\*\*78.75 \*\*\*\*\*78.75

(Troposed corporate name - must menude surnx)				
		·		
	,			
Enclosed is an origina	al and one(1) copy of the articl	es of incorporation and a	check for :	
□ \$70.00 Filing Fee	\$78.75 Filing Fee	□\$78.75 Filing Fœ	□ \$87.50 Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status	
		ADDITIONAL CO		
FROM:	Name (Printed or typed)			
	•			
	2153 E. Con	NTY ASAS ST Address	<sup>n</sup> ∂A	
		Address	TAL SI	
	10 0-10	( 020.0	TC NO.	
	CARELAND /	2 33815 State & Zin	00 MAR 23 SECRE TARY ILLAHASSE	
	O.y,	Sauce W Zip	33	C THE SEC
	1-941-70	9-1903	E P	
	Daytime T	elephone number	ORI	
THE FEE	- Was Phis	Fra.	O DA	

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



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 7, 1999

SIMON FIRER 2153 E. COUNTY ROAD 540A LAKELAND, FL 33813

SUBJECT: SIMON FIRER D.D.S. P.A.

Ref. Number: W99000027910

We have received your document for SIMON FIRER D.D.S. P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Teresa Brown Corporate Specialist

Letter Number: 899A00057534



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 9, 2000

SIMON FIRER 2153 E. COUNTY ROAD 540A LAKELAND, FL 33813

SUBJECT: HIGHLAND'S DENTAL Ref. Number: W99000027910

We have received your document for HIGHLAND'S DENTAL and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

The registered agent must sign accepting the designation.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Teresa Brown Corporate Specialist

Letter Number: 900A00006637

## 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:
Simul Free O.D.S. P.A.
STIMM THEN GIVES
The principal place of business and william 11.
The principal place of business and mailing address of this corporation shall be:
2153 E. COUNTRY LOAD STOA.
LAKELAND FL 33813
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 SHARES
· · · · · · · · · · · · · · · · · · ·
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Simon to new
2305 PETENSUN RUAD LAKELAM FZ 33813
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
SIMON FIRE
22- P-TFI Sand NUMB
CAKEAM R 33813
THE
Simul Bita
1424199 Signature (1)
Signature/Incorporator / Registered Agent 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

ARTICLE TIL: PURPOSE FOR PROFIT - DENTAL 1His CONDUNATION IS A FOR PROFIT - DENTAL OFFICE.