# P00000063533

June 12, 2000

Department of State, Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: MARK M. BILLS, DMD, P.A.

900003294219—E -06/16/00—01068—009 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Ladies and Gentlemen:

Please find enclosed for filing one original and one copy of the Articles of Incorporation of Mark M. Bills, DMD, P.A. Also enclosed is a check in the amount of \$70.00 as the appropriate filing fee.

Please return the copy, stamped to show the date of filing, to the undersigned.

Sincerely,

John P. Laudenslager

1029 Delacroix Circle, Nokomis, FL

FILED

3:25

F. CHUSHEN

JUN 2 9 2000



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 21, 2000

JOHN P. LAUDENSLAGER 1029 DELACROIX CIRCLE NOKOMIS, FL 34275

SUBJECT: MARK M. BILLS, DMD, P.A.

Ref. Number: W00000015848

We have received your document for MARK M. BILLS, DMD, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

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) 487-6925.

Angela Revell Document Specialist

Letter Number: 800A00035300

#### ARTICLES OF INCORPORATION

OF

#### MARK M. BILLS, D.M.D., P.A.

#### ARTICLE I NAME

The name of the corporation shall be Mark M. Bills, D.M.D., P.A.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 189 Nassau Street S, Venice, FL 34285.

#### 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 of common stock with the par value of \$1.00 per share.

#### ARTICLE IV PURPOSE

The purpose of the corporation is to engage in any lawful activity permitted for the operation of general dentistry.

#### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: John P. Laudenslager, 1029 Delacroix Circle, Nokomis, Florida 34285.

#### ARTICLE VI INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: John P. Laudenslager, 1029 Delacroix Circle, Nokomis, FL 34275.

The undersigned incorporator has executed these Articles of Incorporation this 12 day of  $\sqrt{2}$ 

Qoæ

John P. Laudenslager

1029 Delacroix Circle, Nokomis, FL 34275

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: Mark M. Bills, DMD, P.A.
- 2. The name of the registered agent and office is:

John P. Laudenslager 1029 Delacroix Circle, Nokomis, Florida 34285

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.

CIGNIATURE

DATE Vene\_12 200

I JUN 27 PM 3: 2 ECRETARY OF STATE