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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A. INSTITUTE OF SEDATION DENTISTRY, INC.

Certificate of Status	0
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B. McKnight JUL 18 2000

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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:

INSTITUTE OF SEDATION DENTISTRY, INC.

ARTICLE II PRINCIPAL OFFICE

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

8341 TANNAMERA PLACE

NEW PORT RICHEY, FL 34655

ARTICLE III SHARES

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

7500 SHARES

ARTICLE IV BOARD OF DIRECTORS AND OFFICERS

The number of the directors constituting the initial Board of Directors is one and the names and addresses of the persons who are to serve as the directors until the first annual meeting of shareholders or until their successors are elected and qualified are:

PRESIDENT AND VICE PRESIDENT:

**DR. HANI S. TADROS
8341 TANNAMERA PLACE
NEW PORT RICHEY, FL 34655**

SECRETARY AND TREASURER:

**SUZANNE YASSAOUI
8341 TANNAMERA PLACE
NEW PORT RICHEY, FL 34655**

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agents are:

**DR. HANI S. TADROS
8341 TANNAMERA PLACE
NEW PORT RICHEY, FL 34655**

ARTICLE VI INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are:

**DR. HANI S. TADROS
8341 TANNAMERA PLACE
NEW PORT RICHEY, FL 34655**


Signature/Incorporator


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 a 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/Registered Agent


Date

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