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TRANSMITTAL LETTER

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

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-08/02/00--01067--018

*****78.75 *****78.75

SUBJECT : AVENTURA DENTAL CARE , INC.

(Proposed Corporate name- must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:



FILING FEE



FILING FEE
& CERTIFICATE OR STATUS \$78.50

FROM : DR. RAPHAEL ARWAS
Name (Printed Or Typed)

18999 BISCAYNE BLVD. SUITE 210
Address

AVENTURA , FL. 33180
City , State & Zip

305-466-1444
Daytime Telephone number

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

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8/8/00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the corporation shall be: AVENTURA DENTAL CARE , INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
18999 BISCAYNE BLVD. SUITE 210 AVENTURA FL. 33180

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
DR. RAPHAEL ARWAS 18999 BISCAYNE BLVD. SUITE 210 AVENTURA , FL. 33180

ARTICLE V INCORPORATOR

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

DR. RAPHAEL ARWAS
18999 BISCAYNE BLVD. SUITE 210 AVENTURA , FL. 33180

Signature / Incorporator:  Date: 07-26-2000
DR. RAPHAEL ARWAS

(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 this provisions of all statues 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: 07-26-2000
DR. RAPHAEL ARWAS