

TRANSMITTAL LETTER

00000111782

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

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-12/01/00--01091--002
*****87.50 *****87.50

SUBJECT: DENTISTRY ON WHEELS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

JUAN MEDINA

Name (Printed or typed)

15711 MAPLEDALE BLVD. # D

Address

TAMPA, FL 33624

City, State & Zip

(813) 264-0286

Daytime Telephone number

FILED
00 DEC -1 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Feb
12/1

ARTICLES OF INCORPORATION
OF
Dentistry on Wheels, Inc.

FILED
00 DEC - 1 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DENTISTRY ON WHEELS, INC.

The principal place of business of this corporation shall be:

15711 Mapledale Blvd. Suite No. B Tampa, Florida 33624

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 par value that this corporation is authorized to have outstanding is 1000 shares at \$1.00 par value each. The initial issue to form the capital stock is 100 shares at \$1.00 each.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V DIRECTORS

The name(s) and street address(es) of the initial 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):

ROLANDO PONCE, DDS.

13518 Westshire Dr. Tampa, FL 33618

ARTICLE VI OFFICERS

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

ROLANDO PONCE, DDS PRESIDENT 13518 Westshire Dr. Tampa, Fl 33618
VIVIAN MEDINA PONCE, DDS V-PRESIDENT 13518 Westshire Dr. Tampa, Fl 33618

ARTICLE VII INCORPORATOR(S)

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

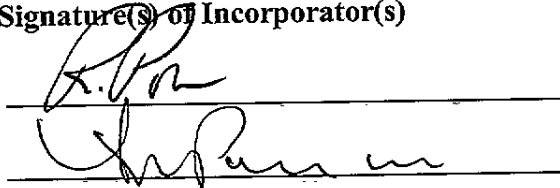
ROLANDO PONCE, DDS. 13518 Westshire Dr. Tampa, Fl 33618

VIVIAN MEDINA PONCE, DDS. 13518 Westshire Dr. Tampa, Fl 33618

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)

executed these Articles of Incorporation this 24th day of November, 2000

Signature(s) of Incorporator(s)

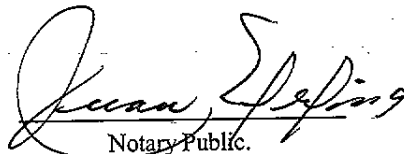


**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH.**

THE FOREGOING instrument was acknowledge and sworn to, before me this

24 day of November 2000, by Rolando Ponce, incorporator of

DENTISTRY ON WHEELS, INC.


Notary Public.

Juan Medina, Commission No.00685349
Commission Exp. Oct.2, 2001

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

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 designating the registered office/registered agent, in the State of Florida.

1.- The name of the corporation is : DENTISTRY ON WHEELS, INC.

2.- The name and address of the registered agent and office is:

ROLANDO PONCE DDS.

13518 Westshire Dr. Tampa, Fl 33618

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____



DATE: _____

11-27-00