

Division of Corporations

P00000114229

Florida Department of State
Division of Corporations
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From:
Account Name : HUBCO
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FLORIDA PROFTT CORPORATION OR P.A.

Professional Endodontics of Pinellas County P.A.

Certificate of Status	1
Certified Copy	0
Page Count	03 (4)
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Professional Endodontics of Pinellas County P.A.

ARTICLE II PRINCIPAL OFFICE

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

Professional Endodontics of Pinellas County P.A.
7316 CENTRAL AVE
ST. PETERSBURG, FL 33707

ARTICLE III SHARES

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

1500 SHARES NPV

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of a(n): **Endodontist**

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARGARET YOUNG
7316 CENTRAL AVE
ST. PETERSBURG, FL 33707

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MARGARET YOUNG
7316 CENTRAL AVE
ST. PETERSBURG, FL 33707

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6th day of December 2000.


MARGARET YOUNG
SIGNATURE

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Professional Endodontics of Pinellas County P.A.

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

MARGARET YOUNG

Name

7316 CENTRAL AVE

(P.O. Box or Mail Drop Box NOT Acceptable)

ST. PETERSBURG, FL 33707

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



MARGARET YOUNG
SIGNATURE

December 6, 2000

(Date)

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