

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Design District Dental Center, P.A.;

~~Design District Dental Center, P.A. Fictitious Name: Design District Dental Center, P.A.~~

01 FEB -9 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

900003672669--4
-02/09/01--01065--017
*****60.00 *****60.00

900003672669--4
-02/09/01--01065--018
*****18.75 *****18.75

<input checked="" type="checkbox"/> Profit <i>articles</i>	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

01 FEB -9 PM 12:45
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/9/01

Order#: 3543394

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615
Jma

7 SMITH FEB 14 2001

FILE 1st



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 9, 2001

CT CORPORATION SYSTEM

SUBJECT: DESIGN DISTRICT DENTAL CENTER, P.A.
Ref. Number: W01000003219

We have received your document for DESIGN DISTRICT DENTAL CENTER, P.A. and your check(s) totaling \$78.75. 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.

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) 487-6927.

Tracy Smith
Document Specialist

Letter Number: 501A00008219

*Nature of business added as new article. Please
file backdated to 2/9/01. Thank you!*

Laura@CT

RECEIVED
01 FEB 14 AM 10:40
DIVISION OF CORPORATION

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF

DESIGN DISTRICT DENTAL CENTER, P.A.

FIRST: The corporate name that satisfies the requirements of section 607.05

DESIGN DISTRICT DENTAL CENTER, P.A.

SECOND: The address of the principal office, if known, and the mailing address of the corporation is:

c/o Borinquen Health Center
3601 N. Federal Highway
Miami, Fl. 33137

THIRD: The number of shares the corporation is authorized to issue is One Thousand (1,000) shares of common stock at .10 cents par value.

FOURTH: The street address of the initial registered office of the corporation is: 1200 S. Pine Island Road, Plantation, Florida 33324 and the name of its initial registered agent at such is: C T Corporation System.

FIFTH: The number of directors constituting the initial board of directors of the corporation is one (1) and the name and address of each person who is to serve as director until the first annual meeting of shareholders or until his successor is elected and shall qualify is as follows:

Melvyn S. Gober

12515 No. Kendall Drive.
Suite 412
Miami, Fl. 33186

SIXTH: The name and address of each Incorporator is:

Melvyn S. Gober

12515 No. Kendall Drive
Suite 412
Miami, Fl. 33186

SEVENTH: See attached

The undersigned has executed these Articles of Incorporation on this 8 day of February, 2001.

Melvyn S. Gober, Incorporator

SEVENTH: The specific nature of the business of the professional association is:

Dental office

HAVING BEEN NAMED AS REGISTERED AGENT AND TO RECEIVE SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED
IN THESE PROVISIONS, 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 RELATIVE TO
THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS
REGISTERED AGENT.

DATE: 2/9/01

CT CORPORATION SYSTEM

BY: Connie Bryan

Connie Bryan,
Special Assistant Secretary

FILED
01 FEB -9 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA