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(Address)

MIAMI, FLORIDA 33134 (305)444-4994

(City, State, Zip)

(Phone #)

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Miami Dental Supply, Corp.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

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AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
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<input type="checkbox"/>	Name Reservation

REGISTRATION QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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Examiner's Initials	
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Date MARCH 2, 2001

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re MIAMI, DENTAL SUPPLY, CORP., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

MIAMI DENTAL SUPPLY, CORP.  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
4315 NW 7TH STREET, STE 41		
MIAMI, FLORIDA 33126		
PHONE		
( 305 )	444-0062	
Area Code	Phone Number	Ext.

ARTICLES OF INCORPORATION

of

MIAMI DENTAL SUPPLY, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

MIAMI DENTAL SUPPLY, CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ISIDRO CASTRO		
ADDRESS	4315 NW 7TH STREET, STE 41		
CITY	MIAMI	STATE FLORIDA	ZIP 33126

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

NAME	MIAMI DENTAL SUPPLY, CORP.		
ADDRESS	4315 NW 7TH STREET, STE 41		
CITY	MIAMI	STATE FLORIDA	ZIP 33126

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have FOUR ( 4 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ISIDRO CASTRO	PRESIDENT	25% SHARES
ADDRESS	4315 NW 7TH STREET, STE 41		
CITY	MIAMI	STATE FLORIDA	ZIP 33126
NAME	ALCIRA CASTRO	SECRETARY	25% SHARES
ADDRESS	4315 NW 7TH STREET, STE 41		
CITY	MIAMI	STATE FLORIDA	ZIP 33126
NAME	JAIME F. BRIGGS	VICE PRESIDENT	25% SHARES
ADDRESS	4315 NW 7TH STREET, STE 41		

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NAME	CARLOS E. BRIGGS	TREASURER	25% SHARES
ADDRESS	4315 NW 7TH STREET, STE 41		
CITY	MIAMI	STATE FLORIDA	ZIP 33126
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

## Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ISIDRO CASTRO		
ADDRESS	4315 NW 7TH STREET, STE 41		
CITY	MIAMI	STATE	FLORIDA ZIP 33126
NAME	JAIME F. BRIGGS		
ADDRESS	4315 NW 7TH STREET, STE 41		
CITY	MIAMI	STATE	FLORIDA ZIP 33126
NAME	CARLOS E. BRIGGS		
ADDRESS	4315 NW 7TH STREET, STE 41		
CITY	MIAMI	STATE	FLORIDA ZIP 33126

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 2 day of MARCH 2001


 (Seal)  

 (Seal)  

 (Seal)

STATE OF FLORIDA


SS


COUNTY OF MIAMI-DADE

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above,  
personally appeared: ISIDRO CASTRO, JAIME F. & CARLOS E. BRIG

ISIDRO CASTRO, JAIME F. & CARLOS E. BRIGGS

personally appeared: ISIDR

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

FL DL#C236-400-41-121-0

Form of Identification

FL DL#B620-426-50-404-0

### Form of Identification

FL DL#B620-105-35-128-0

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that THEY executed these articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this

.....2..... day of .....MARCH.....~~XX~~ 2001

*Notary Signature*

*Primed Notary Signature*

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

MIAMI DENTAL SUPPLY, CORP.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 4315 NW 7TH STREET, STE 41

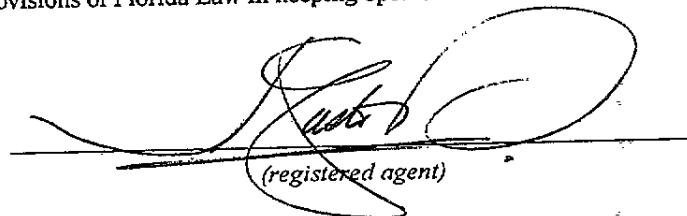
MIAMI, FLORIDA 33126

has named ISIDRO CASTRO

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
(registered agent)

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TALLAHASSEE FLORIDA