

FROM: Gourmet Quarters, Inc.

PHONE NO. : 7277812113

Mar. 27 2001 03:43PM P2

**P01000035206**

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

SUBJECT: Richard M. Hurd DDS, PA

Enclosed is an original and one (1) copy of the articles of incorporation and check for \$78.75 for filing fee and certification of status.

From: Richard M. Hurd  
Richard M. Hurd DDS, PA  
1463 Pinehurst Road  
Dunedin, FL 34698  
(727) 733-1004

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR -3 AM 11:59

FILED

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Richard  
AUTHORIZATION BY PHONE TO  
CORP/IT Purpose  
D. 4-6-01

F.012345

FROM: Gourmet Quarters, Inc.

PHONE NO. : 7277812113

Mar. 27 2001 03:44PM P3

**ARTICLES OF INCORPORATION  
OF  
Richard M. Hurd DDS, PA**

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

**ARTICLE I: NAME**

The name of the corporation shall be Richard M. Hurd DDS, PA

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
1463 Pinehurst Road  
Dunedin, FL 34698

**ARTICLE III: SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares with a par value of \$1.00 per share.

**ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent is:  
Richard M. Hurd  
1463 Pinehurst Road  
Dunedin, FL 34698

**ARTICLE V: INCORPORATOR**

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

  
\_\_\_\_\_  
Signature/Incorporator

3/28/01  
\_\_\_\_\_  
Date

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 statutes 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.

PURPOSE: PRACTICE OF MEDICINE..

  
\_\_\_\_\_  
Signature/Registered Agent

3/28/01  
\_\_\_\_\_  
Date

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01 APR -3 AM 11:59  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE