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(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

-04/13/01--01001--023 *****78.75 *****78.75

Examiner's Initials

PRIMARY DENT	AL CARE, INC.
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
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OTHER FILNGS	Dissolution/Withdrawal Merger REGISTRATION OUALIFICATION
Annual Report	Foreign / H & E
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Demotatement

Other

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.

<u> ARTICLE I - NAME</u>

The name of the corporation shall be:

PRIMARY DENTAL CARE, INC.



<u> ARTICLE II - PRINCIPAL OFFICE</u>

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

3413 NORTHWEST 17th AVENUE MIAMI, FL 33142

ARTICLE III -SHARES

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

100 SHARES

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FAUSTO E. FELIPE 7821 SOUTHWEST 9th TERRACE MIAMI, FL 33144

ARTICLE V - INCORPORATOR

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

FAUSTO E. FELIPE 7821 SOUTHWEST 9th TERRACE MIAMI, FL 33144

The undersigned incorporator has executed these Articles of Incorporation this 10th day of APRIL 2001

Signature

ARTICLE VI- DIRECTOR(S)

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

FAUSTO E. FELIPE (PRESIDENT)
7821 SOUTHWEST 9th TERRACE
MIAMI, FL 33144

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature