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June 5, 2001

Florida Department of State
Division of Corporations
ATTENTION: Domestic Charter
Post Office Box 6327
Tallahassee, Florida 32314

800004397578--0
-06/11/01--01109--013
122.50 **78.75

Re: Articles of Incorporation
CAROLEE O. HORVATH, D.M.D.,
P.A.

Dear Sir:

Enclosed are original and one copy of the Articles as above captioned, and our check in the amount of \$122.50, representing:

Filing Fee	\$35.00
Resident Agent Designation	\$35.00
Certified Copy	\$52.50

When the Articles have been processed, we would appreciate the return of the certified copy to our attention.

Thank you for your consideration in this matter.

Sincerely,



Albert C. Eaton

ACE/as
Enclosures

01 JUN 11 AM 10:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/13/01

ARTICLES OF INCORPORATION
OF
CAROLEE O. HORVATH, D.M.D., P.A.

FILED
01 JUN 11 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, who is licensed or otherwise legally authorized to practice the profession of dentistry in the State of Florida, associates herself with the intention of forming a professional corporation in accordance with the Florida Professional Service Corporation and Limited Liability Company Act, and adopts the following articles of incorporation for the corporation;

ARTICLE I

NAME

The name of the Corporation is:

CAROLEE O. HORVATH, D.M.D., P.A.

ARTICLE II

DURATION

This Corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE III

PURPOSE OR PURPOSES

The purpose or purposes for which this Corporation is organized are as follows:

- (a) To engage in the practice of dentistry as a professional corporation and to own and operate a dental office or offices for the purposes of providing dental care and treatment.
- (b) To treat, prescribe, diagnose, or operate for any disease, pain, injury, deficiency, deformity or physical condition of human teeth, gums, jaws, and adjacent tissues.
- (c) To furnish, construct, reproduce, or repair prosthetic dentures or bridges to be used and worn as substitutes for natural teeth.

(d) Any and all other matters and/or procedures associated with the practice of general dentistry.

The purposes of this corporation shall be carried out only through officers, employees, and agents, each of whom is licensed or otherwise legally qualified to render professional dental services in the State of Florida.

ARTICLE IV

CAPITALIZATION

The aggregate number of shares which the Corporation is authorized to issue or have outstanding at any one time is one hundred (100) shares. Such shares shall be of a single class designated as "Common Stock" and shall have a par value of ONE HUNDRED DOLLARS (\$100.00) per share.

ARTICLE V

INITIAL REGISTERED OFFICE, AGENT AND PRINCIPAL OFFICE

The street address of the initial registered agent of the Corporation is 15866 Pine Lily Court, Clermont, Florida 34711, and the name of its initial registered agent at such address is CAROLEE O. HORVATH. The street address of the initial principal office of the Corporation is 15866 Lily Court, Clermont, Florida 34711.

ARTICLE VI

DIRECTORS

The Corporation shall have one (1) director initially. The number of directors may be increased or decreased from time to time by the By-Laws. The name and address of each person who is to serve as a member of the initial board of directors is:

Name

Address

CAROLEE O. HORVATH

15866 Pine Lily Court
Clermont, FL 34711

ARTICLE VII

INCORPORATORS

The name and address of each person signing these Articles of Incorporation as an incorporator is:

Name

Address

CAROLEE O. HORVATH

15866 Pine Lily Court
Clermont, FL 34711

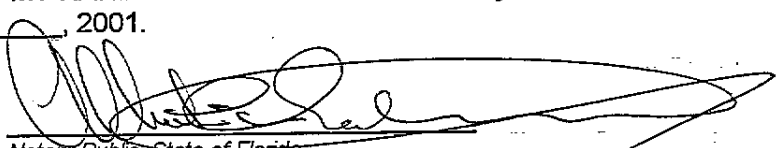
Executed by the undersigned at Orlando, Orange County, Florida, on the 4th day of JUNE, 2001.


CAROLEE O. HORVATH
Incorporator

STATE OF FLORIDA
COUNTY OF ORANGE

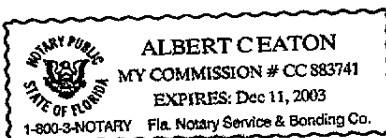
I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments and oaths, personally appeared CAROLEE O. HORVATH, who is personally known to me or who has produced N/A as identification, who did not take an oath, who executed the foregoing and acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS MY HAND and official seal in the County and State aforesaid, this 4th day of JUNE, 2001.


Notary Public, State of Florida

Albert C. Eaton
Printed Name

My Commission Expires:



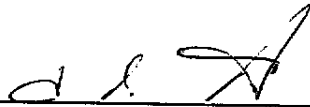
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

I hereby accept the designation of initial Registered Agent of CAROLEE O. HORVATH, D.M.D, P.A., that I am familiar with the obligations of that position, and I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



CAROLEE O. HORVATH
15866 Pine Lily Court
Clermont, FL 34711