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ANNUAL REPORT

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Brevard Dental Associates of Palm Bay inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900004501919--8
-07/27/01--01043--006
*****87.50 *****87.50

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Todd Edward Christie
Name (Printed or typed)

775 E. Merritt Island Causeway Suite 220
Address

Merritt Island, FL 32952
City, State & Zip

(321) 453-0696
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 27 PM 3:35

FILED

NOTE: Please provide the original and one copy of the articles.

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7/30/01
22

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

01 JUL 27 PM 3:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Brevard Dental Associates of Palm Bay inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5201 Babcock Street NE, Suite 8
Palm Bay, FL 32905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Services

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Todd Edward Christie, President
195 Alameda Dr.
Merritt Island FL 32952

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Todd Edward Christie
775 E. Merritt Island Causeway, Suite 220
Merritt Island FL 32952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Todd Edward Christie
775 E. Merritt Island Causeway Suite 220
Merritt Island FL 32952

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date