

PO100000 96332
F. KELLEY LANDOLPHI
Attorney and Counselor at Law

70 Washington Street, Suite 401 / Salem, MA 01970 / (978) 740-9715

September 24, 2001

Katherine Harris
FL Secretary of State
Corporations Division
P.O. Box 6327
Tallahassee, FL 32314

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-10/01/01--01071--012
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RE: Articles of Incorporation of Dental Resources
Specialists, Inc.

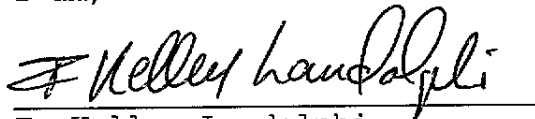
Dear Sir or Madam:

Please find for filing and approval the following:

- a. Articles of Incorporation;
- b. Filing Fee.

Would you kindly docket and file same in your normal
course of business, and send the approval to the
undersigned at your earliest convenience.

Sincerely yours,
I am,



F. Kelley Landolphi
FKL/mm
ENC

FILED
01 OCT - 1 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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sent
10/3/01

**ARTICLES OF INCORPORATION
DENTAL RESOURCE SPECIALISTS, INC.**

FILED

01 OCT -1 PM 12:15

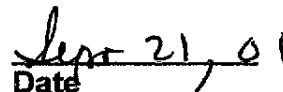
ARTICLES:

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

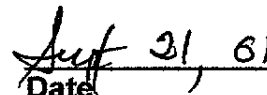
- I. Name: The name of the Corporation shall be Dental Resource Specialists, Inc.**
- II. Principal Office: 9169 Hollow Pine Dr., Bonita Springs, FL 34135**
- III. Purpose: To provide dental paraprofessional services, consulting and resource analysis to the dental profession, and for all lawful purposes .**
- IV. Shares: 1000 shares, no par value**
- V. Initial Officers / Directors:**
 - a.) President – Susan B. Troianello, 9169 Hollow Pine Dr., Bonita Springs, FL 34135**
 - b.) Vice President – Christopher M. Troianello, 9169 Hollow Pine Dr., Bonita Springs, FL 34135**
 - c.) Treasurer – Susan B. Troianello, 9169 Hollow Pine Dr., Bonita Springs, FL 34135**
 - d.) Secretary/Clerk – Susan B. Troianello, 9169 Hollow Pine Dr., Bonita Springs, FL 34135**
- VI. Registered Agent: Susan B. Troianello, 9169 Hollow Pine Dr., Bonita Springs, FL 34135**
- VII. Incorporator :**
 - a.) Susan B. Troianello, 9169 Hollow Pine Dr., Bonita Springs, FL 34135**

Having been named Registered Agent to accept service of process for Dental Resources Specialists, Inc., at the place designated herein, I certify that I am familiar with the and accept the appointment as registered agent and agree to act in this capacity.


Registered Agent


Date


Incorporator


Date