

TRANSMITTAL LETTER
P01000121165

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

500004735725--1

-12/21/01--01030--029

*****78.75 *****78.75

SUBJECT: Advanced Dental Care of Tallahassee, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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
☐ \$67.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Ralph S. Montalvo, D.M.D.
Name (Printed or typed)

2807-A Capital Medical Blvd.
Address

Tallahassee, FL 32308
City, State & Zip

850-942-1550
Daytime Telephone number

FILED
01 DEC 21 PM 4:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

D. WHITE DEC 26 2001

2

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Advanced Dental Care of Tallahassee, FL

FILED

01 DEC 21 PM 4:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2807-A Capital Medical Blvd.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide general dentistry to residents of Leon and
Sumter counties.

ARTICLE IV SHARES

The number of shares of stock is:

4,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Ralph D. Montalvo, D.M.D., President
2807-A Capital Medical Blvd.
Tallahassee, FL 32308

ARTICLE VI REGISTERED AGENT

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

Ralph D. Montalvo, D.M.D.
2807-A Capital Medical Blvd.
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ralph D. Montalvo, D.M.D.
2807-A Capital Medical Blvd.
Tallahassee, FL 32308

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