Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : UNGER, ACREE, WEINSTEIN, MARCUS, MERRILL, KATZ & MET
Account Number : I19990000001
Phone : (407)425-6880
Fax Number : (407)425-0595

FLORIDA PROFIT CORPORATION OR P.A.

Marcus Parramoure, DMD, P.A.

Certificate of Status	0
Certified Copy	0
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01/09/02 ✓

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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:

Marcus Parramoure, DMD, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1135 Academy Drive, Altamonte Springs, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice of dental medicine

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Marcus Parramoure
1135 Academy Drive
Altamonte Springs, FL 32714

ARTICLE VI REGISTERED AGENT

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

Marcus Parramoure
1135 Academy Drive
Altamonte Springs, Florida 32714

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Marcus Parramoure
1135 Academy Drive
Altamonte Springs, FL 32714

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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

Marcus D. Parramoure, DMD
Signature/Registered Agent — Date: 1/9/02

Marcus D. Parramoure, DMD
Signature/Incorporator — Date: 1/9/02

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