

P020000018734  
TRANSMITTAL LETTER

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 FEB 18 PM 1:47

FILED

SUBJECT: Jerry L. Klein, DDS, PA  
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for  
\$ 70.

200004830692--0  
-01/28/02--01052--024  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FROM:

Jerry L. Klein DDS  
Name (printed or typed)

2910 NE 45<sup>TH</sup> STREET  
Address

LIGHTHOUSE POINT FL 33064  
City, State, & Zip

954-785-1060  
Telephone Number

954 752-4044

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

~~W02-3057~~  
2/19/02



**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State

February 1, 2002

JERRY L KLEIN, DDS  
2910 NE 45TH ST  
LIGHTHOUSE POINT, FL 33064

SUBJECT: JERRY L. KLEIN, D.D.S., P.A.  
Ref. Number: W02000003057

We have received your document for JERRY L. KLEIN, D.D.S., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Corporate Specialist  
Amendment Section

Letter Number: 202A00006331

# South Florida Dentistry for Children & Orthodontics, P.A.

JERRY L. KLEIN, D.D.S., F.A.C.D.  
RAPHAEL L. GREENFIELD, D.D.S., M.Sc.D.  
ROBERT C. STEPHENS, D.M.D.  
NANCY WILEY, D.D.S., M.S.  
JAMES G. BENNETT, JR., D.M.D.  
LAUREN M. GOVERNALE, D.M.D., M.P.H.

Diplomates  
American Board of Pediatric Dentistry  
American Board of Orthodontics

February 13, 2002

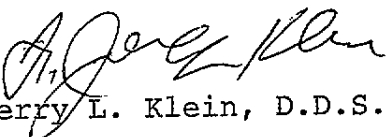
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

Dear MS. Smith:

Enclosed is the corrected original document and  
a copy of the document. (Ref. Number:W02000003057).

My day time phone number is 954-752-4044.

Sincerely,

  
Jerry L. Klein, D.D.S.

JLK:le

Enclosures



Member  
American Academy of Pediatric  
Dentistry



American Association of  
Orthodontists

# ARTICLES OF INCORPORATION **FILED**

02 FEB 18 PM 1:47

**OF**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

JERRY L. KLEIN, D.D.S., P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9327 W. Sample Road 2910 NE 45<sup>TH</sup> STREET  
CORAL SPRINGS FL 33065 LIGHTHOUSE POINT, FL 33064  
954-752-4044  
PRACTICE LIMITED TO PEDIATRIC DENTISTRY

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

#1000 SHARES OF 100 PAR VALUE

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JERRY L. KLEIN, DDS  
2910 NE 45<sup>TH</sup> STREET  
LIGHTHOUSE POINT, FL 33064

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jersey L. Klein, DDS, PA  
2910 NE 45<sup>TH</sup> STREET  
LIGHTHOUSE POINT, FL 33064

PARTNER LIMITED TO PERIODIC DENTISTRY

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of January, 2002.

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Jerry L. Kleen, DDS, PA.

2. The name and address of the registered agent and office is:

Jerry L. Kleen DDS  
(Name)

2910 NE 45<sup>TH</sup> STREET  
(P.O. Box not acceptable)

LIGHTHOUSE POINT, FL 33064  
(City/State/Zip)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

02 FEB 18 PM 1:47

FILED

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Dr. Jerry L. Kleen  
(Signature)