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FLORIDA LAW OFFICES

FILED

A. KATHLEEN McNEILLY,  
AND ASSOCIATES, P.A.

02 APR 15 PM 3:09

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TEL. (886) 736-4741 · FAX (886) 736-3277

MEMBER: Florida Bar  
Georgia Bar  
North Carolina Bar  
Washington D.C. Bar

A. KATHLEEN McNEILLY  
Central Florida Office

April 4, 2002

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

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-04/15/02--01061--014  
\*\*\*\*131.50 \*\*\*\*87.50  
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Re: Daniel P. Barnes Pediatric Dentistry, Inc.

Gentlemen/Ladies:

Enclosed with this letter are the Original Articles of Incorporation and one copy of same for the proposed above-named corporation, along with a check in the amount of \$131.25, which represents payment for the following:

Filing fee for profit corporation:	\$35.00
Registered Agent Designation:	\$35.00
Certified Copy of Articles:	\$52.50
Certificate of Status:	\$ 8.75

Please endorse your approval on the duplicate copy, certify same and return the certified copy of Articles to me at the above-listed address. Thank you for your attention to this matter.

Very truly yours,

  
A. KATHLEEN MCNEILLY

AKM/es

Enclosures

**ARTICLES OF INCORPORATION**  
**OF**  
**DANIEL P. BARNES PEDIATRIC DENTISTRY, INC.**

**FILED**  
02 APR 15 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned, the subscriber to these Articles of Incorporation, being a person of legal age, do hereby desire to form a corporation under the laws of the State of Florida and do hereby adopt the following Articles of Incorporation.

**ARTICLE I**

The name of this corporation shall be **DANIEL P. BARNES PEDIATRIC DENTISTRY, INC.**

**ARTICLE II**

The principal place of business mailing address is **1126 Pelican Bay Drive, Daytona Beach, Florida, 32119.**

**ARTICLE III**

The duration of this corporation shall be perpetual. The date and time of the commencement of the corporate existence shall be at the time of the commencement of the filing of the Articles of Incorporation with the Department of State.

**ARTICLE IV**

The purpose for which the corporation is organized is to **practice pediatric dentistry in accordance with the laws of the State of Florida.**

**ARTICLE V**

The maximum number of shares of stock that this corporation is authorized to issue shall be **1,000 shares of common stock.** Each share shall have the par value of one dollar (\$1.00) per share and shall consist of one class only.

**ARTICLE VI**

The initial registered agent of this corporation shall be **Daniel P. Barnes, 717 Breckenridge Drive, Port Orange, Florida, 32127.**

**ARTICLE VII**

The name and address of the incorporator to these Articles of Incorporation is **Daniel P. Barnes, 717 Breckenridge Drive, Port Orange, Florida, 32127.**

**ARTICLE VIII**

The number of directors constituting the initial Board of Directors of this corporation shall be one (1). The name and street address of the director of this corporation who shall hold office is: **Daniel P. Barnes, 717 Breckenridge Drive, Port Orange, Florida, 32127.**

STATE OF FLORIDA

COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, on this date personally appeared DANIEL P. BARNES, known to be the person who executed the foregoing Articles of Incorporation, and <sup>DPB</sup>she acknowledged before me that <sup>DPB</sup>she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this

9<sup>th</sup> day of April, 2002.

  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida



Dennis Ray Roberts  
My Commission DD060718  
Expires September 28, 2005

My Commission Expires: SEPT 28, 2005

**ACCEPTANCE OF REGISTERED AGENT**

I, **DANIEL P. BARNES**, do hereby accept the office of Registered Agent of the Corporation known as **DANIEL P. BARNES PEDIATRIC DENTISTRY, INC.**

*Daniel P. Barnes*  
\_\_\_\_\_  
**DANIEL P. BARNES**

02 APR 15 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**STATE OF FLORIDA**  
**COUNTY OF VOLUSIA**

**BEFORE ME**, the undersigned authority duly authorized in the State and County aforesaid to administer oaths and take acknowledgments personally appeared, **DANIEL P. BARNES**, known to me to be the person described as the Registered Agent of the corporation known as **DANIEL P. BARNES PEDIATRIC DENTISTRY, INC.** and he acknowledged before me that he executed the same for the purposes therein expressed.


**WITNESS** my hand and official seal in the County and State last aforesaid this

9th day of April, 2002.

*[Signature]*  
\_\_\_\_\_

Affiant is personally known  or  
Affiant produced \_\_\_\_\_

My commission Expires: SEPT 28, 2005 as identification.

 Dennis Ray Roberts  
My Commission DD060718  
Expires September 28, 2005