

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

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From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273

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FLORIDA PROFIT CORPORATION OR P.A.

John D. Zongker, DDS, P.A.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION
OF
JOHN D. ZONGKER, DDS, P.A.**

**ARTICLE 1
NAME**

The name of this professional corporation is John D. Zongker, DDS, P.A.

**ARTICLE 2
PURPOSE**

The general nature of the business or businesses to be transacted is to do all and everything necessary and proper for the practice of dentistry, and to transact any lawful business and to exercise all powers granted to professional corporations by the laws of the State of Florida.

**ARTICLE 3
STOCK**

The maximum number of shares with par value that this professional corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares of the par value of \$.01 per share.

Ownership of stock in this professional corporation is limited to duly authorized dentists licensed to practice medicine in the state of Florida.

**ARTICLE 4
PERPETUAL EXISTENCE**

This professional corporation is to have perpetual existence.

**ARTICLE 5
PRINCIPAL OFFICE; MAILING ADDRESS**

The principal office and mailing address of this professional corporation will be at 9770 Baymeadows Road, Suite 113, Jacksonville, Florida 32256, or such other address as the Board of Directors may from time-to-time designate.

**ARTICLE 6
DIRECTORS**

The number of its directors shall not be less than one (1) but may be such greater number as may be elected by the stockholders from time to time.

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The name and address of the member of the first board of directors, who shall hold office for the first year of the existence of the professional corporation or until his successor is elected or appointed is:

NAMEADDRESS

John D. Zongker, DDS

9770 Baymeadows Road, Suite 113
Jacksonville, Florida 32256

**ARTICLE 7
INCORPORATOR**

The name and address of the sole incorporator of the professional corporation is as follows:

NAMEADDRESS

John D. Zongker, DDS

9770 Baymeadows Road, Suite 113
Jacksonville, Florida 32256

**ARTICLE 8
REGISTERED AGENT**

The name of the initial registered agent of this professional corporation and the street address of the initial registered office of this professional corporation is

NAMEADDRESS

John D. Zongker, DDS

9770 Baymeadows Road, Suite 113
Jacksonville, Florida 32256

**ARTICLE 9
AMENDMENT**

This professional corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon shareholders herein are granted subject to this reservation.

I, THE UNDERSIGNED, being the sole original incorporator hereinbefore named for the purpose of forming a professional corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge, and file these articles, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal this 29 day of April, 2002.


John D. Zongker, DDS
Incorporator

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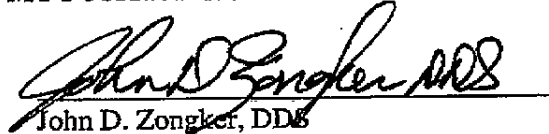
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the below named professional 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 professional corporation is John D. Zongker, DDS, P.A.
2. The name and address of the registered agent and office are:

John D. Zongker, DDS
9770 Baymeadows Road, Suite 113
Jacksonville, Florida 32256

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL 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.


John D. Zongker, DDS

DATE: 4-29-02

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