UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

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UCC SERVICES
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May 9, 2002

P02000051377

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Dent War Office,

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

Retrieval Request

☐ Photocopy

☐ Certified Copy

FILED
2002 MAY -9 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
02 MAY -9 AM 11:37
SECRETARY OF STATE
CORPORATION SERVICE
TALLAHASSEE, FLORIDA

	NEW FILINGS
X	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

	REGISTRATION/QUALIFICATION
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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✓
5/9/02

ARTICLES OF INCORPORATION

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

FILED

2002 MAY -9 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

DENTAL WARD OFFICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5200 N. ARMENIA AVE.
TAMPA, FL 33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTAL OFFICE BUILDING

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

WARD C. WHITAKER, DMD
9108 SHADOW POND CT.
ODESSA, FL 33556
PRESIDENT, DIRECTOR

ANGELA S. WHITAKER
9108 SHADOW POND CT.
ODESSA, FL 33556
VICE PRESIDENT, DIRECTOR

ARTICLE VI REGISTERED AGENT

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

ANGELA S. WHITAKER
9108 SHADOW POND CT.
ODESSA FL 33556

ARTICLE VII INCORPORATOR

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

ANGELA S. WHITAKER
9108 SHADOW POND CT.
ODESSA FL 33556

****

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

Angela S. Whitak — 5.8.02
Signature/Registered Agent — Date

Angela S. Whitak — 5.8.02
Signature/Incorporator — Date