

TRANSMITTAL LETTER

PO 2000064205

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

800005537158--9
-05/15/02--01033--004
*****78.75 *****78.75

SUBJECT: THE NEW PEDIATRIC DENTAL CARE of GREATER ORLANDO
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LINCOLN BOYD TAYLOR, DDS, MS
Name (Printed or typed)

1759 W. BROADWAY ST SUITE 4
Address

OVIDO FL 32765
City, State & Zip

407 977-8884
Daytime Telephone number

02 JUN 10 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTE: Please provide the original and one copy of the articles

~~4002-15512~~
~~4002-14333~~
6/11/02



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 29, 2002

LINCOLN BOYD TAYLOR, DDS, MS
1759 W BROADWAY ST, STE 4
OVIEDO, FL 32765

SUBJECT: THE NEW PEDIATRIC DENTAL CARE OF GREATER ORLANDO,
INC.
Ref. Number: W02000015512

We have received your document for THE NEW PEDIATRIC DENTAL CARE OF GREATER ORLANDO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The document must state the number of shares of authorized stock.

THE SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP. THIS NEEDS TO GO TO THE SECTION: LIMITED LIABILITY, PHONE #850-245-6051 WITH THE AMOUNT TO FILE THIS DOCUMENT.,

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) 245-6930.

Donna Graves
Document Specialist
New Filing Section

Letter Number: 902A00034590

FILED

02 JUN 10 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

THE NEW PEDIATRIC DENTAL CARE OF GREATER ORLANDO, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1759 W. BROADWAY ST SUITE 4
OVIDO, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PEDIATRIC DENTISTRY.

ARTICLE IV SHARES

The number of shares of stock is:

200 shares.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

LINCOLN B. TAYLOR, DDS, MS
1759 W. BROADWAY ST
SUITE 4
OVIDO, FL 32765

ARTICLE VI REGISTERED AGENT

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

LINCOLN B. TAYLOR, DDS, MS
1759 W. BROADWAY ST.
SUITE 4
OVIDO, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LINCOLN B. TAYLOR, DDS, MS
1759 W. BROADWAY ST. #4
OVIDO, FL 32765


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



Signature/Registered Agent

5/2/02

Date



Signature/Incorporator

5/2/02

Date