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FILED

02 JUL -8 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

July 4, 2002

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

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-07/08/02--01066--009

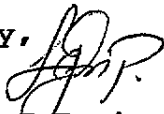
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ARTICLES OF INCORPORATION FOR LEONARDO J ESPINOSA, DDS P.A.

Attached please find Articles of Incorporation of Leonardo J  
Espinosa, DDS P.A along with a check for \$78.75 for the filing fee.  
I can be reached at the telephone number 305-625 2517 or my cellular  
305-467 8328, and the mailing address is 18645 N.W. 54 Court, Miami,  
Florida 33055.

If you have any questions or need any information please feel free  
to contact me.

Sincerely,



Leonardo J Espinosa, DDS

Enclosures

## ARTICLES OF INCORPORATION

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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### ARTICLE I NAME

The name of the corporation shall be:

Leonardo J Espinosa, DDS., P.A.

### ARTICLE II PRINCIPAL OFFICE

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

The principal address and the registered office  
are the same.

### ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Leonardo J Espinosa, DDS.  
18645 N.W. 54th Court  
Miami, Florida 33055

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Leonardo J Espinosa, DDS.  
18645 N.W. 54th Court  
Miami, Florida 33055

### ARTICLE VI SPECIAL PURPOSE FOR A "PROFESSIONAL CORPORATION"

This corporation has been formed pursuant to F.S. 621.03 as a professional service corp.

  
\_\_\_\_\_  
Signature Incorporator

7/5/02  
\_\_\_\_\_  
Date

THIS PROFESSIONAL SERVICES ORGANIZATION WILL BE LIMITED TO PROVIDING PROFESSIONAL DENTAL SERVICES.

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at 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

  
\_\_\_\_\_  
Signature Registered Agent  
Leonardo J Espinosa

7/5/02  
\_\_\_\_\_  
Date