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

900007726669--1  
-09/13/02--01028--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: <sup>D.D.S.</sup> Keri Bassuk, ~~D.M.D.~~, P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Keri Bassuk  
Name (Printed or typed)

1820 NW 140th Terrace  
Address

Pembroke Pines, FL 33028  
City, State & Zip

954-437-6590  
Daytime Telephone number

FILED  
02 SEP 13 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**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:

D.D.S.  
Keri Bassuk, ~~D.D.S.~~, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1820 NW 140th Terrace, Pembroke Pines, FL 33028

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To operate a dental practice.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 no par shares

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

President, Keri Bassuk  
1820 NW 140th Terrace  
Pembroke Pines, FL 33028

**ARTICLE VI REGISTERED AGENT**

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

Philip Bassuk  
1820 NW 140th Terrace  
Pembroke Pines, FL 33028

**ARTICLE VII INCORPORATOR**

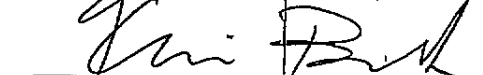
The name and address of the Incorporator is:

Keri Bassuk  
1820 NW 140th Terrace, Pembroke Pines, FL 33028

\*\*\*\*\*  
*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

9/10/02  
\_\_\_\_\_  
Date

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

9/10/02  
\_\_\_\_\_  
Date

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