Florida Department of State

Division of Corporations Public Access System

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Fax Number : (305)633-3694 Fax Number : (305)633-9696 OZ OCT 29 PH 3: 34
SECRETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

nigel d. grandinson, dud, pa

| Certificate of Status | 0 |
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Secretary of State

October 29, 2002

EMPIRE

SUBJECT: NIGEL D. GRANDISON, DMD, PA

REF: W02000031050

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

P.01

HO2000218491

ARTICLES OF INCORPORATION

OF Nigel D. Grandison, DMD, PA

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

Nigel D. Grandison, DMD, PA

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

3201 SW 187th Terrace Miramar, FL 33021

ARTICLE IV

The general nature of business of this corporation is the practice of dentistry.

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ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 share having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Nigel D. Grandison 3201 SW 187th Terrace Miramar, FL 33021

ARTICLE VII

The name and address of the initial board of director(s) shall be:

Nigel D. Grandison 3201 SW 187th Terrace Miramar, FL 33021

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Nigel D. Grandison 3201 SW 187th Terrace Miramar, FL 33021

The undersigned has executed these Articles of Incorporation this 28 day of October , 20 02 .

INCORRORATOR

HO2000218491

CERTIFICATE OF DESIGNATION REGISTERED AGENT REGISTERED OFFICE

Nigel D. Grandison, DMD, PA (NAME OF CORPORATION)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCROPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPANY 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.

registered Agent

O2 OCT 29 PM 3: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA:

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