

PO 2000134613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

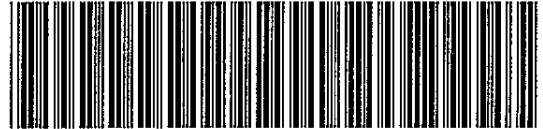
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200009108672

11/25/02--01031--019 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 27 PM 1:17

12-27-02

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

SUBJECT: LAWRENCE WILD, D.M.D.

I ENCLOSE AN ORIGINAL AND 1 COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$78.75 IN ORDER TO FORM THE ABOVE REFERENCED CORPORATION AS OF NOVEMBER 25, 2002

FROM:

LAWRENCE WILD, D.M.D.
755 SOUTH PALM AVENUE #603
SARASOTA, FLORIDA 34236

(941) 924-1040

Carol Monville, C.P.A.
2300 Bee Ridge Road, suite 301
Sarasota, FL 34239
Tel: (941) 824-1040

**Carol Lynn Monville,
C.P.A., P.A**

Fax

To: BOBBIE COX From: _____

Fax: _____ Pages: _____

Phone: _____ Date: _____

Re: as per our phone cc: _____

Conversation - UPDATED ARTICLES

FOR LAWRENCE WIND, DMO, INC.

Please call me @ ⁹⁴¹ 780-1272 if any more

problems.

Urgent For Review Please Comment Please Reply Please Recycle

ARTICLES OF INCORPORATION
OF
LAWRENCE WILD, D.M.D., INC.

FILED STATE
SECRETARY OF CORPORATIONS
02 DEC 27 PM 1:17

THE UNDERSIGNED INCORPORATOR FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE

LAWRENCE WILD, D.M.D., INC.

ARTICLE II - PRINCIPLE OFFICE

THE PRINCIPLE PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

755 SOUTH PALM AVENUE, SUITE 603
SARASOTA, FLORIDA 34236

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

CAROL LYNN MONVILLE, C.P.A.
2300 BEE RIDGE ROAD, SUITE 301
SARASOTA, FLORIDA 34239

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

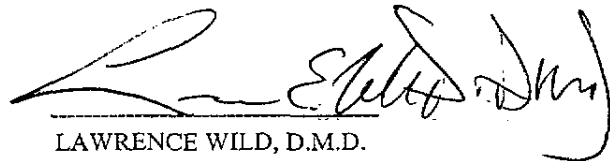
LAWRENCE WILD, D.M.D.
755 SOUTH PALM AVENUE, SUITE 603
SARASOTA, FLORIDA 34236

ARTICLE VII- EFFECTIVE DATE

PURSUANT TO SECTION 607.0123 OF THE FLORIDA STATUTES, THE EFFECTIVE DATE OF THIS DOCUMENT SHALL BE:

JANUARY 01, 2003

THE UNDERSIGNED HAS EXECUTED THE ARTICLES OF CORPORATION THIS 21ST DAY OF NOVEMBER 2002



LAWRENCE WILD, D.M.D.
INCORPORATOR

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

LAWRENCE WILD, D.M.D., INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

CAROL LYNN MONVILLE, C.P.A.
2300 BEE RIDGE ROAD, SUITE 301
SARASOTA, FLORIDA 34239

SIGNATURE: Carol Lynn Monville, CPA

TITLE: CPA

DATE: 11/21/02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 27 PM 1:18

HAVING BEEN NAMED AS REGISTERED AGENT AND NOT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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: Carol Lynn Monville, CPA DATE 11-21-02