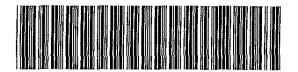
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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
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•	-	ADDITIONAL CO	PY REQUIRED
FROM:	Howard R. Womeldor	ph, Jr., CPA	
	7416 Oak Run Lane	· ·	
		Address	
	Sarasota, Florida	34243 Sinte & Zip :	

(941) 727-8111

Daytime Telephone number

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.

ARTICLE 1 - NAME

The name of this corporation shall be:

DENTAL MANAGEMENT COMPANY OF SARASOTA, INC.

ARTICLE II - PRINCIPAL OFFICE

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

5917 S. Beneva Road, Sarasota, Florida 34238

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have at any one time is one million (1,000,000).

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BALTAZAR JIMENEZ, D.M.D.

5917 S. Beneva Road, Sarasota, Florida 34238

ARTICLE V - INCORPORATOR

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

BALTAZAR JIMENEZ, D.M.D.

Address: 5917 S. Beneva Road, Sarasota, Florida 34238

ARTICLE VI - RESTRICTIONS ON MEMBERSHIP TO BOARD OF DIRECTORS

This corporation shall have one (1) director initially, who is BALTAZAR JIMENEZ, D.M.D.. The number of directors may be increased or diminished from time to time, by Bylaws adopted by the stockholders, but shall never be less than one.

ARTICLE VII - INCORPORATION

The name and address of the person signing these Articles is:

BALTAZAR JIMENEZ, D.M.D.

5917 S. Beneva Road, Sarasota, Florida 34238

Baltasa Signature of Incorporator

1-14.03

Date

Having been named as registered agent and to accept service of process for the above 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/Registered Agent

179-

Date