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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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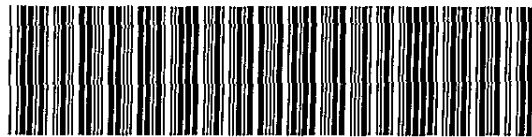
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
03 MAR -3 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6 MAR 05 2003

February 27, 2003

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

SUBJECT: FLORIDA SUNCOAST DENTAL, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$70.00 representing the Filing Fee..

From:

James E. Marci
58 Commercial Way
Spring Hill, Fl 34606
352-684-1800

**ARTICLES OF INCORPORATION
OF
FLORIDA SUNCOAST DENTAL, INC.**

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:
FLORIDA SUNCOAST DENTAL, INC.

ARTICLE II PRINCIPAL OFFICE

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

58 COMMERCIAL WAY
SPRING HILL, FLORIDA 34606

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ARTICLE III SHARES

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

1000 SHARES OF COMMON STOCK, EACH SHARE HAVING A
PAR VALUE OF ONE DOLLAR (\$1.00)

ARTICLE IV INITIAL REGISTERED AGENT

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

JAMES E. MARCI
58 COMMERCIAL WAY
SPRING HILL, FL 34606

ARTICLE V INCORPORATOR

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

JAMES E. MARCI
58 COMMERCIAL WAY
SPRING HILL, FL 34606

ARTICLE VI OFFICERS & DIRECTORS

The name of the initial officer and director of the corporation are:

JAMES MARCI	PRES./ DIR/SEC/TREAS.
58 COMMERCIAL WAY	
SPRING HILL, FLORIDA 34606	



Signature/ Incorporator

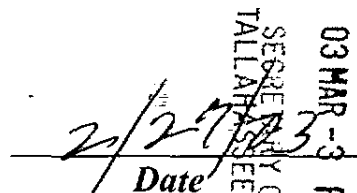


Date

Having been named as registered agent and 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/ Registered Agent



Date

03 MAR -3 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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