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Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

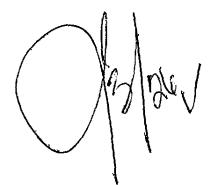
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# FLORIDA PROFIT CORPORATION OR P.A.

WESTON FAMILY DENTAL CENTER, INC.



Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75



# ARTICLES OF INCORPORATION OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

NAME

The name of the corporation shall be: Weston Family Dental Center, Inc.

ARTICLE TWO-

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

18431 Miramar Pkwy Miramar, FL 33029

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A. 9690 W. Sample Road SUITE 202 CORAL SPRINGS, FL 33065 (954)753-2222 H030000872546

# ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

## ARTICLE FOUR

# INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is: Dennis S. Sevel 18431 Miramar Pkwy Miramar, FI 33029

# ARTICLE FIVE

# INCORPORATOR

The name and address of the Incorporator is: Dennis S. Sevel 18431 Miramar Pkwy Miramar, TL 33029

The undersigned has executed these Articles of Incorporation. This 21st day of March.

Signature

Date: 321 03

# CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- The name of the corporation is: Weston Family Dental Center, Inc.
- 2. The name and address of the registered agent

Dennis S. Sevel

18431 Miramar Pkwy

Miramar, FL 33029

Signature:

Date: 3/21/0

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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:

Date: 3 21 03

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TALLAHASSEE FLORIDA