

JUL-02-2003 WED 02:34 PM SMOOT ADAMS

FAX NO. 12394892444

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : SMOOT, ADAMS, EDWARDS, DORAGH & BRINSON, P.A.  
Account Number : 071600002745  
Phone : (239)489-1776  
Fax Number : (239)489-2444

FLORIDA PROFIT CORPORATION OR P.A.

Bryant King D.M.D., P.A.

Certificate of Status	0
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Page Count	03
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**ARTICLES OF INCORPORATION  
OF**

**Bryant King D.M.D., P.A.  
A Florida Professional Corporation**

(Pursuant to Chapter 607 and/or 621, Florida Statutes)

The undersigned person has signed this document for the purpose of forming a corporation under the laws of Florida and adopts the following Articles of Incorporation.

1. **Name.** The name of this corporation is Bryant King D.M.D., P.A..
2. **Purpose and Powers.** This corporation is organized for the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

This corporation shall have the broad general powers set forth in Chapter 607.0302, Florida Statutes, and the specific professional purpose below:

To provide dental care for children and adults.

3. **Authorized Shares.** The corporation shall have the authority to issue 1000 shares of common stock with no par value
4. **Principal Office and Mailing Address of Corporation.** The principal place of business and mailing address of the corporation shall be:

Principal Place of Business  
13432 Palm Beach Blvd.

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Fort Myers, FL 33905  
Mailing Address  
4415 Metro Parkway, Suite 325  
Fort Myers, FL 33916

5. **Initial Officers/Directors.** The initial Board of Directors shall consist of 1 person, who shall serve until the first annual meeting of the shareholders, and whose name and address is:

Bryant King  
4415 Metro Parkway, Suite 325, Fort Myers, FL 33916  
President

6. **Registered Agent.**  
The name and Florida street address of the Registered Agent of the Corporation is:

Hal Adams  
4415 Metro Parkway, Suite 325  
Fort Myers, FL 33916

7. **Incorporator.** The name and address of the incorporator is:

Hal Adams  
4415 Metro Parkway, Suite 325  
Fort Myers, FL 33916

8. **Effective Date.** These Articles are to be effective the date of filing unless otherwise specified below:

IN WITNESS WHEREOF, the following incorporator has signed these Articles of Incorporation on:

Date: \_\_\_\_\_

July 2, 2003

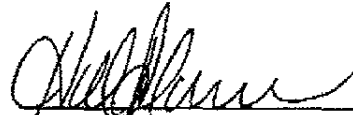
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Hal Adams

**ACCEPTANCE BY REGISTERED AGENT**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

DATE: July 2, 2003

  
Hal Adams

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