

PD3000084192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

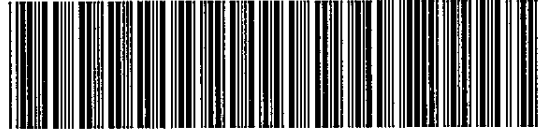
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

03 AUG - 1 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CT CORPORATION

August 1, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5904915 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

West Coast Orthodontics, Inc. (FL)
Incorporation
Florida

West Coast Orthodontics, Inc. (FL)
Certificate of Status/Authorization-Domestic
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

FILE
FIRST
PLEASE

CT CORPORATION

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

03 AUG -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the corporation shall be:

WEST COAST ORTHODONTICS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6150 Diamond Center Ct.
Bldg 300, Suite 2
Ft. Myers, Florida 33912**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Dental Practice

ARTICLE IV SHARES

The number of shares of stock is:

100 common at \$.01 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Melvin S. Gober
12515 No. Kendall Drive
Suite 412
Miami, Florida 33186**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:Melvin S. Gober
12515 No. Kendall Drive
Suite 412
Miami, Florida 33186**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Melvin S. Gober
12515 No. Kendall Drive
Suite 412
Miami, Florida 33186

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

C T Corporation System

By:

Signature/Registered Agent

Signature/Incorporator

7/31/03

Date

7/31/03

Date