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To:

Division of Corporations

Fax Number : (850)205-0381

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 : (305)634-3694 Fax Number

: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

AIDA M. LOPEZ, D.D.S., P.A.

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ARTICLES OF INCORPORATION

OF

AIDA M. LOPEZ, D.D.S., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: AIDA M. LOPEZ, D.D.S., P.A.

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 18168 S.W. 24 STREET, PEMBROKE PINES, FL 33029.

ARTICLE IV PURPOSE

The purpose of this corporation shall be: DENTAL OFFICE.

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares common stock having an individual par value of \$1.00.

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: AIDA M. LOPEZ, 18168 S.W. 24 STREET, PEMBROKE PINES, FL 33029.

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

PRESIDENT AIDA M. LOPEZ

18168 S.W. 24 STREET PEMBROKE PINES, FL 33029

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

> EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7th PLACE MIAMI, FL 33127

The undersigned has (have) executed these Articles of Incorporation this 22ND day of OCTOBER, 2003.

Ray Stormont Signing for

Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION REGISTERED OFFICE

MAVING BEEN NAMED AS REGISTERED ACENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AC THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION; I HEREST ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURITER 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 RESISTERED AGENT.

REGISTERED AGENZ

SECKETARY OF STATE

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