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From:

: YOUR CAPITAL CONNECTION, INC. Account Name

Account Number : 120000000257 Phone

: (850)224-8870 Fax Number 1 (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

BELLEVIEW DENTAL CENTER, INC.

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TALLAHASSEE FLORID:

ARTICLES OF INCORPORATION

OF

BELLEVIEW DENTAL CENTER, 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 is BELLEVIEW DENTAL CENTER, INC.

The specific nature of business of this professional association is medical services.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 10600 S. U.S. Hwy 441, Belleview, FL 34420.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is three thousand five hundred (3,500) shares having no par value.

CAPITAL CONNECTION
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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Paul J. Guilfoll, 23 S.E. 12th Terrace, Ocala, FL 34471.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of Directors is Henry A. Sweeny, 10600 S. U.S. Hwy 441, Belleview, FL 34420.

The undersigned has executed these Articles of Incorporation this 24th day of December 2003. Your Capital Connection, Inc., by Stacey Leggett, Client Representative

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CAPITAL CONNECTION

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TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Belleview Dertal Center Inc.

2. The name and street address of the registered agent and office is: PAU J. Guilfoil

2. S. E. 12th Terrace, Ocala, FL 34471

HAVE 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.

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