

Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850)224-8870  
Fax Number : (850)224-7047

03 DEC 29 AM 9:45

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

"BO" SWEENEY, D.D.S., P.A.

Certificate of Status	0
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**ARTICLES OF INCORPORATION****OF****"BO" SWEENY, D.D.S., P.A.**FILED  
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TALLAHASSEE, FLORIDA  
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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 "BO" SWEENY, D.D.S., P.A. The purpose of this corporation is to offer 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.

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**ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Paul J. Guilfoil, 23 S.E. 12<sup>th</sup> Terrace, Ocala, FL 34471.**

**ARTICLE V: INCORPORATOR**

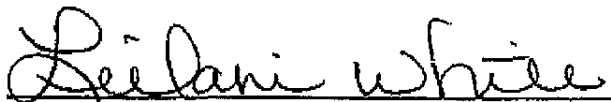
The name and address of the incorporator of these Articles of Incorporation is **Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

**ARTICLE VI: OFFICERS AND DIRECTORS**

The name and address of Initial director of the corporation is **Bo Sweeny, 10600 S. U.S. Hwy. 441, Belleview, FL 34420.**

The undersigned has executed these Articles of Incorporation this 29<sup>th</sup> day of December 2003.

"Capital Connection, Inc. by, Leilani White, Client Representative"

A handwritten signature in cursive script that reads "Leilani White". The signature is written in dark ink and is positioned below the printed name of the client representative.

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CAPITAL CONNECTION

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**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: "BO' SWEENEY, DDS, P.A."

2. The name and street address of the registered agent and office is: Paul J. Guilf  
23 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.

  
PAUL J. GUILF  
03 DEC 29 AM 9:45  
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