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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

: YOUR CAPITAL CONNECTION, INC. Account Name

Account Number : 120000000257

: (850)224-8870

Fax Number

: (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

SAMUEL JOHN SWEENY, D.D.S., P.A.

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ARTICLES OF INCORPORATION

OF

SAMUEL JOHN SWEENY, D.D.S., P.A.

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 SAMUEL JOHN 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. 12th 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 Samuel John Sweeny, 10600 S. U.S. Hwy. 441, Belleview, FL 34420.

The undersigned has executed these Articles of Incorporation this 29th day of December 2003.

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

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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 nem | 10 of the co | rporation is: | PHOUEL | JUHN S | WEENY, | DDS, PA |
|------------|--------------|------------------|------------------|-----------------|--------|--|
| | | | | | \$ | ······································ |
| 2 The man | e and etsas | t pddysoo af the | a ranistanai aas | et and affine : | Paul: | T. Guilf |
| 23 | S.E. | 1245 | Terrace | . Ocala | FL 34 | 471 |
| | | | | * · | | |

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.

SECRETARY OF STATE AND AN 9: 47