

P04000046282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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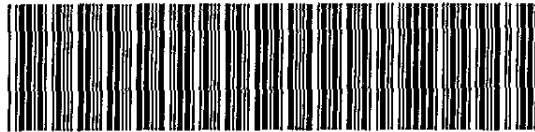
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

✓  
3/15/04 ✓

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: DAVID <sup>D</sup> FABRE, D.D.S., M.S., P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Danielle L. McBride, Esq.  
Name (Printed or typed)

30195 Chagrin Blvd., Suite 100  
Address

Cleveland, OH 44124  
City, State & Zip

216-765-1199  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

DAVID <sup>D</sup>~~X~~ FABRE, D.D.S., M.S., P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2111 59th Street West  
Bradenton, FL 34209

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide professional dental services (specifically endodontic services)  
and any services reasonably related thereto

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

David <sup>D</sup>~~X~~ Fabre, D.D.S., M.S.  
President, Secretary, Treasurer  
2111 59th Street West  
Bradenton, FL 34209

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

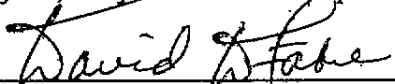
David <sup>D</sup>~~X~~ Fabré, D.D.S., M.S.  
2111 59th Street West  
Bradenton, FL 34209

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David <sup>D</sup>~~X~~ Fabre, D.D.S., M.S.  
2111 59th Street West  
Bradenton, FL 34209

\*\*\*\*\*  
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



Signature/Registered Agent

3-1-04

Date



Signature/Incorporator

3-1-04

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA