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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : INCORPORATETIME.COM, INC.
Account Number : I19990000221
Phone : (631) 218-1510
Fax Number : (631) 589-2848

SECRETARY OF STATE
TELEPHONE UNIT

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FLORIDA PROFIT CORPORATION OR P.A.

US-1 Dental Doctors PA

Certificate of Status	0
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ARTICLES OF INCORPORATION

***THE UNDERSIGNED INCORPORATION 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 SHALL BE:

US-1 Dental Doctors PA

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

3112 N Federal Hwy
Lighthouse Point, FL 33064

ARTICLE III -PURPOSE

The Purpose for which the corporation is organized is:
Dental office

ARTICLE IV -SHARES

The number of shares of stock that this corporation is authorized to have at any
one time is:

2,000 shares at \$.01 par value

ARTICLE V -INITIAL OFFICERS/DIRECTORS:

President/Director: Jacob Leibovici, 3112 N Federal Hwy, Lighthouse Point, FL
33064

ARTICLE VI -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

Jacob Leibovici

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
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3112 N Federal Hwy, Lighthouse Point, FL 33064

ARTICLE VII-INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Kerry Walsh
IncorporateTime.com, Inc.
35-37 Carleton Avenue, Suite 200
Islip Terrace, NY 11752

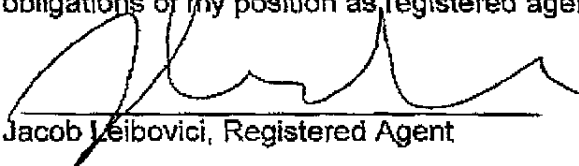


Kerry Walsh, Incorporator

5/6/04

Date

Having been named registered agent and to accept service of process for the above stated corporation as 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.



Jacob Leibovici, Registered Agent

5/11/04

Date

SECRETARY OF STATE
JILL ADAMS
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