P04000090150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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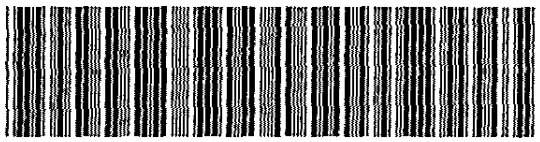

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FILED
04 JUN 10 PM 3:33
TALLAHASSEE, FLORIDA

6/10/04

TRANSMITTAL LETTER

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

SUBJECT: Southeast Florida Dentistry for Children & Orthodontics, 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: Dr. Jerry L. Klein
Name (Printed or typed)

9327 W. Sample Road
Address

Coral Springs, Fl 33065
City, State & Zip

954-752-7651
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:

Southeast Florida Dentistry for Children & Orthodontics, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 9327 W. Sample Road
Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pediatric Dentistry & Orthodontics

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ARTICLE IV SHARES

The number of shares of stock is: 1,000 (One Thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dr. Jerry L. Klein
9327 W. Sample Road
Coral Springs, FL 33065
President

Dr. Robert C. Stephens
9327 W. Sample Road
Coral Springs, Fl 33065
Vice President

Dr. James G. Benne
9327 W. Sample Ro
Coral Springs, FL3
Secretary

ARTICLE VI REGISTERED AGENT

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

Dr. Jerry L. Klein
9327 W. Sample Road
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Dr. Jerry L. Klein
9327 W. Sample Road
Coral Springs, FL 33065

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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

Dr. Jerry L. Klein 5-28-04
Signature/Registered Agent Dr. Jerry L. Klein Date

Dr. Jerry L. Klein 5-28-04
Signature/Incorporator Dr. Jerry L. Klein Date