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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
04 AUG -4 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

PETER A. RUIZ DDS, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION**PROFESSIONAL ASSOCIATION OF****PETER A. RUIZ DDS, P.A.**

I, the undersigned, being of legal age and a natural person, do hereby acknowledge and file the following Articles of Incorporation for the purpose of creating a Professional Association under the law of the State of Florida.

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**ARTICLE I
NAME OF P.A.**

The name of the Professional Association shall be: **PETER A. RUIZ DDS, P.A.**

**ARTICLE II
PRINCIPAL OFFICE**

The principal office and mailing address shall be: **9728 BAY HARBOR CIRCLE #206
FT. MYERS, FL. 33919**

**ARTICLE III
TERM OF EXISTENCE**

This Professional Association shall commence its existence immediately upon the filing of these Articles of Incorporation and shall exist perpetually thereafter, unless sooner dissolved according to the law.

**ARTICLE IV
NATURE OF PRACTICE**

This Professional Association will engage in the practice of: **DENTAL PRACTICE**

**ARTICLE V
INITIAL CAPITAL**

The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows:

<u>Number of Shares Authorized</u>	<u>Par Value Per Share</u>	<u>Class of Stock</u>
100	\$1.00	Common

**ARTICLE VI
BOARD OF DIRECTORS**

This Professional Association shall have one initial director. The number of directors may be either increase or diminish from time-to-time by the by laws but shall never be less than one. The name of the initial director is:

NAME

ADDRESS

PETER A. RUIZ, JR. DDS

9728 BAY HARBOR CIRCLE #206
FT. MYERS, FL. 33919

**ARTICLE VII
SUBSCRIBERS**

The name and address of the person signing these Articles of Incorporation is:

NAME

ADDRESS

PETER A. RUIZ, JR. DDS

9728 BAY HARBOR CIRCLE #206
FT. MYERS, FL. 33919

**ARTICLE VIII
INDEMNIFICATION**

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

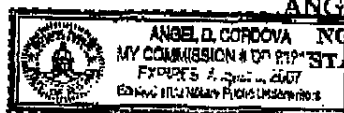
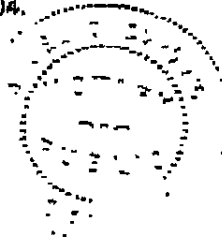
IN WITNESS WHEREOF, The undersigned Incorporator has executed these Articles of Incorporation, this 26th day of July 2004.



PETER A. RUIZ, JR.
Incorporator

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Before me, The undersigned authority, personally appeared Peter A. Ruiz, Jr. before me known to be the person described in and who executed this foregoing Articles of Incorporation, who, after being duly sworn under oath, acknowledge before me that he or she executed the same for the purpose herein expressed.

WITNESS my hand and official seal in the State and County aforesaid this 26th day of July, 2004.




ANGEL D. CORDOVA
NOTARY PUBLIC
STATE OF FLORIDA

**CERTIFICATE OF DESIGNATING REGISTERED AGENT AND
ACCEPTANCE OF REGISTERED AGENT OF DESIGNATION**

Pursuant to Chapter 48.091, Florida Statutes the following is submitted in compliance with said act:

First: That Peter A. Ruiz, Jr. is qualified to do business under the laws of the State of Florida with its principle office at 9728 Bay Harbor Circle #206, Ft. Myers, Fl. 33919 as its agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated Corporation, at a place designated in this certificate, I hereby accept to the act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

X *Peter A. Ruiz, Jr.*
PETER A. RUIZ, JR.
REGISTER AGENT

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