

Division of Corporations

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Florida Department of State  
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To:

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

From:

Account Name : JACKSONVILLE LAW GROUP, P.A.  
Account Number : 119980000002  
Phone : (904)353-1144  
Fax Number : (904)996-1512

**FLORIDA PROFIT CORPORATION OR P.A.**

**BAY POINTE DENTAL GROUP, P.A.**

Certificate of Status	0
Certified Copy	0
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ARTICLES OF INCORPORATION  
OF  
BAY POINTE DENTAL GROUP, P.A.

ARTICLE I

The name of this corporation is: BAY POINTE DENTAL GROUP,  
P.A.

ARTICLE II

The general nature of the business to be transacted by this corporation is to engage in the practice of dentistry and any and all other business permitted under the laws of the State of Florida.

ARTICLE III

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is one thousand (1,000) shares of common stock having a par value of \$1.00 per share.

ARTICLE IV

This corporation shall have perpetual existence.

ARTICLE V

The Registered Agent and the street address of the principal office of this Corporation in the State of Florida shall be:

WAYNE BARKER  
604 Timber Pond Drive  
Ponte Vedra Beach, FL 32082

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

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ARTICLE VI

This Corporation shall have one director initially. The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but shall never be less than one.

ARTICLE VII

The names of the initial director of this Corporation and their street addresses are:

WAYNE BARKER  
604 Timber Pond Drive  
Ponte Vedra Beach, FL 32082

The persons named as initial directors shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE VIII

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

WAYNE BARKER  
604 Timber Pond Drive  
Ponte Vedra Beach, FL 32082

ARTICLE IX

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

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IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the foregoing Articles of Incorporation on the 23 day of August, 2004.

Wayne S. Barker  
Incorporator

STATE OF FLORIDA

COUNTY OF DUVAL

BEFORE ME, a Notary Public, personally appeared WAYNE BARKER, to me known to be the person described as Incorporator and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to these Articles of Incorporation on the 23 day of August, 2004.

Kimberly D. Asbell  
Notary Public  
State of Florida at Large  
My commission expires:

(SEAL)



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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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 name of the corporation is:

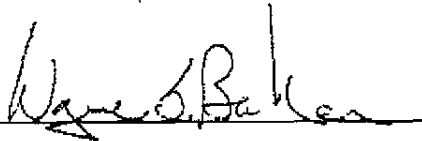
BAY POINTE DENTAL GROUP, PA

2. The name and address of the registered agent and office is:

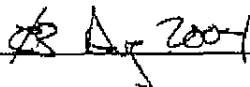
WAYNE BARKER  
604 Timber Pond Drive,  
Ponte Vedra Beach, FL 32082

HAVING 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.

SIGNATURE



DATE



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