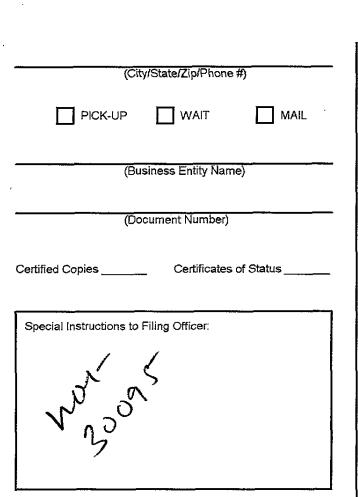
P04000116995

DAVID L. WILDMAN, ESQUIRE Attorney at Law

Post Office Box 1029 Melbourne, Florida 32902 (407) 723-1617



Office Use Only



800039940458

08/06/04--01075--001 **70.00

A AUG II PH I: 27

56 M.



August 6, 2004

DAVID L. WILDMAN, ESQ PO BOX 1029 MELBOURNE, FL 32902

SUBJECT: L.P. KICHA, D.D.S., P.A. Ref. Number: W04000030095

We have received your document for L.P. KICHA, D.D.S., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 904A00049125

Tim Burch
Document Specialist
New Filings Section

OF L. P. KICHA, D.D.S., P.A.

AUG 11 PM TRETAKT OF S LAHASSEE, FI

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract and legally authorized to practice the profession of dentistry in the State of Florida, hereby proceeds to form a professional corporation in accordance with the Florida Professional Service Corporation Act, and hereby adopts the following Articles of Incorporation for such corporation:

ARTICLE I - Name. The name of the corporation shall be L. P. KICHA, D.D.S.,P.A.

ARTICLE II - Purpose. The purpose of the Corporation and the nature of its business are as follows:

- 1. To engage in practice of dentistry as a professional service corporation and to provide services incident thereto.
- 2. To own property, enter into contracts and carry on any activity necessary or incidental to the accomplishment or furtherance of the purpose of this Corporation.
- 3. The services of this Corporation which consist of the practice of dentistry shall be carried out only through officers, employees and agents who are active members of the Florida Board of Dentistry in good standing and licensed in Florida to render the service of dentistry.

4. To do everything necessary, proper or convenient for the accomplishment of any of the purposes herein set forth, and to do every other act incidental thereto which is not forbidden by the laws of the State of Florida, by the Florida Administrative Code and the Rules of the Florida Board of Dentistry or by the provisions of these Articles of Incorporation.

ARTICLE III - Duration. The corporation shall commence existence as of the date of the filing hereof and shall have perpetual duration.

ARTICLE IV - Capital Stock. The maximum number of shares of stock that the Corporation is authorized to have outstanding at any one time is 100 shares having a par value of \$1.00 (one dollar) per share. Such shares shall be of a single class of common stock. None of the shares of the Corporation may be issued to anyone other than an individual who is duly licensed to practice dentistry in the State of Florida and is an active member of the Florida Board of Dentistry in good standing.

ARTICLE V - Address and Agent. The street address of the principal and initial Registered office of the Corporation is 337 Sixth Avenue, Indialantic, Florida 32903, and the name of its initial registered agent is LOUIS P. KICHA, D.D.S. The Board of Directors may from time to time move the office to any other address in the State of Florida and change the registered agent.

ARTICLE VI - Board of Directors. The Corporation shall be managed by a Board of Directors of at least one (1) director. No person shall serve as a Director of

the Corporation unless the person is duly licensed to practice dentistry and is an active member of Florida Board of Dentistry in good standing. The Directors shall be elected by the shareholders of the Corporation. The name and street address of each person who is to serve as a member of the initial Board of Directors is as follows:

NAME

ADDRESS

LOUIS P. KICHA, D.D.S.

337 Sixth Avenue Indialantic, FL 32903

ARTICLE VII - Subscriber. The name and address of the Subscriber, who is the incorporator of this Corporation, whom is duly licensed in the State of Florida to practice dentistry, is as follows:

NAME

<u>ADDRESS</u>

LOUIS P. KICHA, D.D.S.

337 Sixth Avenue Indialantic, FL 32903

ARTICLE VIII - Restraint on Alienation. No shareholder may sell or transfer his shares in the Corporation except to another individual who is eligible to be a shareholder of the Corporation under Florida Law.

ARTICLE IX - Disqualification. If any officer, shareholder, agent or employee of the Corporation who has been rendering the professional service to the public for the Corporation becomes legally disqualified to render such professional services within Florida or accepts employment that places restrictions or limitations upon his or her continued rendering of such professional services, then the Corporation shall require compliance with the Florida Professional Service Corporation Act by severing all employment with and financial interests in the Corporation.

ARTICLE X - Corporate Counsel. The attorney preparing and filing these Articles on behalf of the corporation, and its initial General Counsel is DAVID L. WILDMAN, ESQUIRE, P.O. Box 1029, Melbourne, Florida 32902.

ARTICLE XI - Amendments. These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this Aday of August, 2004.

LOVIS P. KICHA, D.D.S.

STATE OF FLORIDA :

COUNTY OF BREVARD :

BEFORE ME, personally appeared, LOUIS P. KICHA, D.D.S., to me well known and known to me to be the person described in and who executed the foregoing and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this <u>///</u> day of August, 2004, in the aforesaid County and State.



Sheila a. Cline NOTARY PUBLIC

SHEILA A. CLINE PRINTED NAME OF NOTARY

Personally known: ___X___

Identification Produced: _____

ACKNOWLEDGMENT OF REGISTERED AGENT

Having been named to accept service of process for the above stated corporation, at the place designated in the Articles, I hereby accept in this capacity, and I further agree to comply with the provision of said Act relative to keeping open said office.

LOVIS P. KICHA, D.D.S. REGISTERED AGENT

Date: