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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

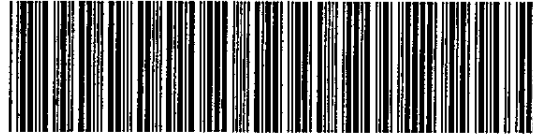
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

TH 11/5/04

October 18, 2004

**Glenda E. Hood**  
Division of Corporations  
Secretary of State  
Florida Department of State  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Ms. Hood:

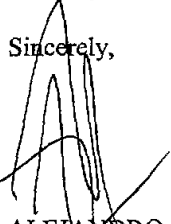
Enclosed please find our check number 472 for \$122.50; which includes a request for a certified copy of the articles of incorporation.

Enclosed please find a copy of the articles of Incorporation. Please, return it to me with the filing date stamped on it.

If I can be of any help, please do not hesitate to contact me at your earliest convenience at (305) 443-2829.

I thank you in advance for your attention to this matter.

Sincerely,



ALEJANDRO ZAJAC  
REGISTERED AGENT

**3750 West Flagler Street  
Miami, Florida 33134**

**Articles of Incorporation of  
ATLANTIC DENTAL CENTER MANAGEMENT, INC.**

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Act, hereby adopts the following Articles of Incorporation.*

**Article I  
Name**

The name of the corporation shall be **ATLANTIC DENTAL CENTER MANAGEMENT, INC.**

**Article II  
Principal Office**

The **principal place of business** of this corporation shall be:

**ATLANTIC DENTAL CENTER MANAGEMENT, INC.**  
3015 N. OCEAN BOULEVARD  
SUITE 112A  
FORT LAUDERDALE, FLORIDA 33308

The **mailing address** of this corporation shall be:

**ATLANTIC DENTAL CENTER MANAGEMENT, INC.**  
3015 N. OCEAN BOULEVARD  
SUITE 112A  
FORT LAUDERDALE, FLORIDA 33308

**Article III  
Nature of Business**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**Article IV  
Shares**

The corporation shall have the authority to issue Two Hundred (200) shares of COMMON STOCK, in one class only, each with a par value of One Dollar (\$1.00)

**Article V  
Term of Existence**

This corporation is to exist perpetually.

RECORDED  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Article VI**  
**Initial Registered Agent and Street Address**

The name and address of the initial registered agent of the corporation is

ALEJANDRO ZAJAC  
3750 WEST FLAGLER ST  
MIAMI, FLORIDA 33134

**Article VII**  
**Board of Directors**

The initial Board of Directors shall have ONE member. The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one. The name and street address of the director to these Articles of Incorporation are:

OSCAR ROMAN  
3015 N. OCEAN BOULEVARD  
SUITE 112A  
FORT LAUDERDALE, FLORIDA 33308

**Article VIII**  
**Incorporators**

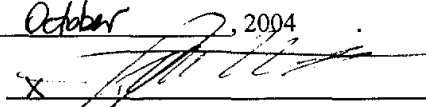
The name and address of the incorporator of this corporation is:

OSCAR ROMAN  
3015 N. OCEAN BOULEVARD  
SUITE 112A  
FORT LAUDERDALE, FLORIDA 33308

The undersigned incorporator has executed these Articles of Incorporation this

21 day of October, 2004

Signature of  
Incorporator

\_\_\_\_\_

**Certificate of Designation**  
**Registered Agent/Registered Office**

Pursuant to the provisions of Section 607.325, 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.

The name of the corporation:

**ATLANTIC DENTAL CENTER MANAGEMENT, INC.**

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

ALEJANDRO ZAJAC  
3750 WEST FLAGLER STREET  
MIAMI, FLORIDA 33134

Signature  
of Director



Date: 10/21/04

*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 am familiar with and accept the obligations of my position as registered agent. I accept the duties and obligations of Section 607.325, Florida Statutes.*

Dated: 21 day of October, 2004 .

Signed: , Registered Agent.