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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

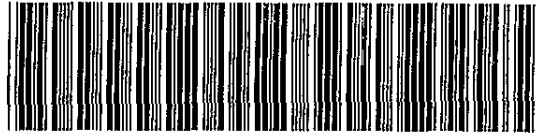
(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/04



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 DEC -9 A 10:05

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TRANSMITTAL LETTER

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

SUBJECT: STANLEY COHEN, DDS, PA

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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137.80

FROM: STANLEY COHEN, DDS
Name (printed or typed)

8855 HYPOLUXO ROAD
Address

LAKE WORTH, FL 33467
City, State & Zip

(561) 304-3800
Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The undersigned, STANLEY COHEN, DDS, PRESIDENT
(Name) (Title)

of STANLEY COHEN, DDS, PA a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was MARCH 28TH, 1977.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NEW JERSEY.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was STANLEY COHEN, DDS, PA.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is STANLEY COHEN, DDS, PA.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was NEW JERSEY.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am STANLEY COHEN, of STANLEY COHEN, DDS, PA

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the _____ day of DECEMBER, 2004.

Stanley Cohen
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

STANLEY COHEN, DDS, PA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

8855 HYPOLUXO ROAD
LAKE WORTH, FL 33467

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
TO PROVIDE DENTAL SERVICES

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:
1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

STANLEY COHEN, DDS, PRESIDENT
8855 HYPOLUXO ROAD
LAKE WORTH, FL 33467

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

STANLEY COHEN, DDS
8855 HYPOLUXO ROAD
LAKE WORTH, FL 33467

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

STANLEY COHEN, DDS
8855 HYPOLUXO ROAD
LAKE WORTH, FL 33467

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TALLAHASSEE, FLORIDA

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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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Stanley Cohen MS
Signature/Registered Agent

Dec 7, 2004
Date

Stanley Cohen MS
Signature/Incorporator

Dec 7, 2004
Date