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CORPORATION NAME(S) & DO	OCUMENT NUMBER(S) (if known):
1 PACIFIL DEN	TAL CARE CENTER INC.
1. VIII (Corporation Name)	(Document #)
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Other OTHER FILINGS	REGISTRATION/
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Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Pacific DenTAL Care Center MC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

995 N. Miami Beach BLVD. Suit 137 N. miami Beach, Fl 33162

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Frank R. Hicla 60

995 XI. Wichin Beach BLUD

soit 137

XI. Kliani Broch, Fl. 33162

DIVISION OF CORT ORALIDA

04 DEC 15 AM IO: 55

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is: Frank R Hida 60
995 N. Kligui Beach BLOD
495 N. Kliowi Beach BLUD XI. Kliowi Beach, FL. 39162
The undersigned incorporator has executed these Articles of Incorporation this 14 day of December 20 04
Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Ricardo A. Esusquiza - (Prasident)
158W 12 st opt #4 Hideali Tisso10

Frank R Hidealso - (Vier President)

EHRE 23 st Hideals + d. 23013

Haria U. Proznza - (samtarg)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature