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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

miami dental management company, inc.

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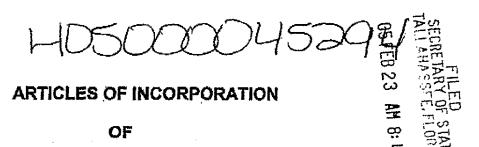
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MIAMI DENTAL MANAGEMENT COMPANY, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: MIAMI DENTAL MANAGEMENT COMPANY, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 10 VENETIAN WAY, APT. # 804, MIAMI BEACH, FL 33139.

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 100 shares common stock having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

EEB-22-2005

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: JULIO E. HERNANDEZ, 10 VENETIAN WAY, APT. #804, MIAMI BEACH, FL 33139.

ARTICLE VII

The name and address of the officers and board of directors shall be:

P/VP/SEC/TREAS
JULIO E. HERNANDEZ

10 VENETIAN WAY, APT. # 804 MIAMI BEACH, FL 33139

ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this <u>22nd</u> day of <u>FEBRUARY</u>, <u>2005</u>.

Ray Stormont Signing for Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PLAVING BEEN NAMED AN REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION. 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 STATISTES 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.

REGISTER D AGENT

SECRETARY OF STATE TALLAHASSFE, FLORIDA

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