

P0500005/184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

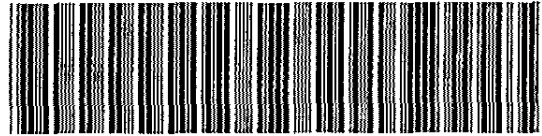
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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04/01/05--01014--022 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
05 APR - 1 PM 2:38

## TRANSMITTAL LETTER

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

SUBJECT: BRIAN L. Gear, DMD, P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: BRIAN L. Gear, DMD  
Name (Printed or typed)

1001 South Loop BLVD  
Address

Lehigh Acres, FL 33936  
City, State & Zip

(239) 369-5897  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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## ARTICLE I NAME

The name of the corporation shall be:

BRIAN L. Gear, DMD, P.A.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1001 South Loop BLVD.  
Lehigh Acres, FL 33936

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Services

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

BRIAN L. Gear, DMD  
1001 South Loop BLVD.  
Lehigh Acres, FL 33936

President/  
Director

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Robert Tramp Davis  
1001 South Loop Blvd.  
Lehigh Acres, FL 33936

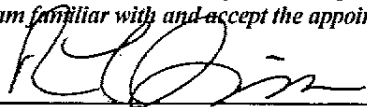
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

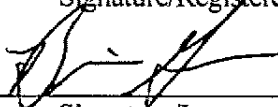
BRIAN L. Gear, DMD  
1001 South Loop BLVD.  
Lehigh Acres, FL 33936

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Having been named as registered agent 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

  
\_\_\_\_\_  
Signature/Registered Agent

3/30/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/30/05  
\_\_\_\_\_  
Date