

**P050000 55982**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

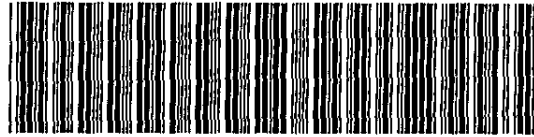
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STATE  
TALLAHASSEE, FLORIDA

2005 APR 11 P 2:40

**FILED**

## TRANSMITTAL LETTER

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

**SUBJECT:** MOBILE DENTAL MANAGEMENT, INC.

(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:** MOBILE DENTAL MANAGEMENT, INC

Name (Printed or typed)

9000 S.W. 152 STREET, SUITE 101

Address

MIAMI, FLORIDA 33157

City, State & Zip

(615) 300-8621

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)

## ARTICLE I NAME

The name of the corporation shall be:

MOBILE DENTAL MANAGEMENT, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9000 S.W. 152 STREET SUITE 101  
MIAMI, FLORIDA 33157

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO MANAGE AND SUPERVISE MOBILE DENTAL COMPANIES

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

S. BRYAN WILSON SAME ADDRESS AS ABOVE -PRESIDENT AND SECRETARY

L.AMANDA WILSON SAME ADDRESS AS ABOVE VICE-PRESIDENT AND TREASURER

## ARTICLE VI REGISTERED AGENT

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

S. BRYAN WILSON  
9000 S.W.152 STREET SUITE 101  
MIAMI, FLORIDA 33157

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

S.BRYAN WILSON  
9000 S.W. 152 STREET SUITE 101  
MIAMI, FLORIDA 33157

\*\*\*\*\*

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

4/1/05  
Date

  
Signature/Incorporator

4/1/05  
Date

FILED

2005 APR 11 P 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA