

POS000074068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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05 MAY 20 AM 9:57

J. Shivers MAY 23 2005

W04-24224  
W04-24224  
W04-22468

## TRANSMITTAL LETTER

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

**SUBJECT:** Bay Side Lakes Dental Center, PA  
(Proposed corporate name - must include suffix)

Enclosed is 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:** Marvin Richardson  
Name (Printed or typed)  
2750 Summer Brook St.  
Address  
Melbourne, FL 32940  
City, State & Zip  
321-255-9230  
Daytime Telephone number

RECEIVED  
DIVISION OF CORPORATIONS  
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**NOTE:** Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

### ARTICLE I - NAME

The name of this corporation is BAYSIDE LAKES DENTAL CENTER, PA

### ARTICLE II - NATURE OF PROFESSIONAL SERVICE

The general nature of the business to be transacted by the Corporation is:

To engage in every phase and aspect of the business of rendering professional services to the public that any doctor of dentistry duly licensed under the laws of the State of Florida is authorized to render, but such professional services shall be rendered only through officers, employees, and agents who are duly licensed under the laws of the State of Florida to practice dentistry.

### ARTICLE III - PRINCIPAL OFFICE

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

865 Palm Bay Rd.  
Suite 104  
West Melbourne, FL 32905

**Mailing Address:**  
P. O. Box 120641  
West Melbourne, FL 32912-0641

### ARTICLE IV - SHARES

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

One Hundred (100) Shares

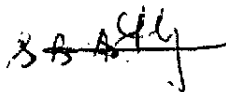
### ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

Marvin Richardson  
2750 Summer Brook St.  
Melbourne, FL 32940

### ARTICLE VI - INCORPORATOR

Samuel B. Artley, DMD  
865 Palm Bay Rd., Suite 104  
West Melbourne, FL 32905

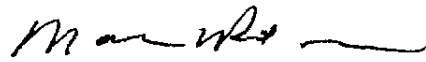
Signature/Incorporator



Date

4/23/04

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 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 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.



Signature/Registered Agent

Date

4-23-2004

05 MAY 20 AM 9:57

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS