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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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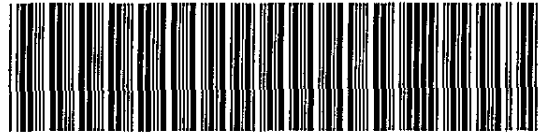
(Business Entity Name)

(Document Number)

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

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2006 JAN - 9 A 10: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1-11-06  
WGN

**TRANSMITTAL LETTER**

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

**SUBJECT:** CHRISTOPHER L. KATES, DDS, P.A.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	<u>\$128.75</u>

**OPTIONAL:**

Certificate of Status	\$ 8.75
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**FROM:** MICHAEL J. FAIRCLOUGH

Name (printed or typed)

8409 N. MILITARY TRAIL, SUITE119

Address

PALM BEACH GARDENS, FL 33410

City, State & Zip

561-691-1100

Daytime Telephone Number

**CERTIFICATE OF DOMESTICATION**

The undersigned, CHRISTOPHER L. KATES, PRESIDENT,  
(Name) (Title)

of CHRISTOPHER L. KATES DDS, P.A. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was JANUARY 27, 2005.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NORTH RICHLAND HILLS, TEXAS.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was CHRISTOPHER L. KATES DDS, P.A.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is CHRISTOPHER L. KATES DDS, P.A.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 6250 ROSEWOOD DR., NORTH RICHLAND HILLS TX 76180
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am CHRISTOPHER L. KATES, of 1535 PROSPERITY FARMS RD, LAKE PARK, FL 33403

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 2 day of DECEMBER 2005.

Christopher L. Kates, DDS, PA  
(Authorized Signature)

2006 JAN - 9 A 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**FILED**  
2005 JAN -9 A 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:  
CHRISTOPHER L. KATES, DDS, P.A.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:  
1535 PROSPERITY FARMS ROAD  
LAKE PARK, FL 33403

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  
DENTAL SERVICES

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:  
1000

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:  
CHRISTOPHER L. KATES

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:


ANGELA CALALANG KATES  
1535 Prosperity Farms Rd.  
Lake Park, FL 33403

**ARTICLE VII INCORPORATOR**

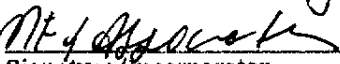
THE NAME AND ADDRESS OF THE INCORPORATOR IS:

M.F. & ASSOCIATES, INC.  
8409 N. MILITARY TRAIL  
SUITE 119  
PALM BEACH GARDENS, FL 33410

\*\*\*\*\*  
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 AM FAMILIAR WITH AND  
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

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

12/2/2005  
\_\_\_\_\_  
Date

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

12/2/05  
\_\_\_\_\_  
Date