

P06000008421

(Requestor's Name)

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(City/State/Zip/Phone #)

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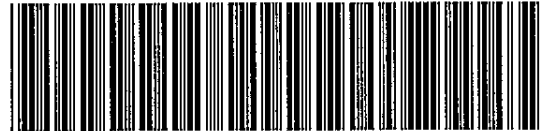
(Business Entity Name)

(Document Number)

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01/19/06--01045--012 **78.75

FILED
06 JAN 19 PM 2:30
CLERK OF DISTRICT COURT
ALABAMA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 01/19/06

REF. #: 000174.47001

CORP. NAME: ADVANCED DENTAL CARE OF CITRUS PARK, P.A.

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> (XX) ARTICLES OF INCORPORATION | <input type="checkbox"/> () ARTICLES OF AMENDMENT | <input type="checkbox"/> () ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> () ANNUAL REPORT | <input type="checkbox"/> () TRADEMARK/SERVICE MARK | <input type="checkbox"/> () FICTITIOUS NAME |
| <input type="checkbox"/> () FOREIGN QUALIFICATION | <input type="checkbox"/> () LIMITED PARTNERSHIP | <input type="checkbox"/> () LIMITED LIABILITY |
| <input type="checkbox"/> () REINSTATEMENT | <input type="checkbox"/> () MERGER | <input type="checkbox"/> () WITHDRAWAL |
| <input type="checkbox"/> () CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> () OTHER: | | |

STATE FEES PREPAID WITH CHECK# 515756 FOR \$ 78.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> (XX) CERTIFIED COPY | <input type="checkbox"/> () CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> () PLAIN STAMPED COPY |
| <input type="checkbox"/> () CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED

06 JAN 19 PM 2:30

CLERK OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
ADVANCED DENTAL CARE OF CITRUS PARK, P.A.

The undersigned incorporator, for the purpose of forming a Corporation for profit under the Professional Service Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I - NAME

The name of this Corporation is:

ADVANCED DENTAL CARE OF CITRUS PARK, P.A.

ARTICLE II - TERM OF EXISTENCE

The Corporation is to exist perpetually.

ARTICLE III - PURPOSES

The purposes of the Corporation are to engage in the practice of dentistry and any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The shares of stock of this Corporation shall consist of only one class. The number of shares of stock that this Corporation is authorized to have outstanding at any one time is:

1,000 Shares of Common Stock

\$1.00 par value per share

ARTICLE V - PRINCIPAL OFFICE

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

One S. School Avenue #1000
Sarasota, FL 34237

ARTICLE VI - INITIAL REGISTERED AGENT AND ADDRESS

The registered agent and the street address of the registered office of this Corporation is:

David Nichols
One S. School Avenue, #1000
Sarasota, FL 34237

ARTICLE VII - DIRECTORS

This Corporation shall have one (1) Director initially. The number of Directors may be changed from time to time by Bylaws adopted by the Shareholders. The name and address of each member of the first Board of Directors is:

Gustavo J. Gari
One S. School Avenue, #1000
Sarasota, FL 34237

ARTICLE VIII - AMENDMENT

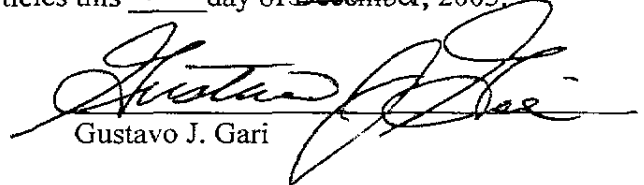
These Articles of Incorporation may be amended in certain instances by the Board of Directors as provided by statute and in certain instances by resolutions adopted by the Board of Directors, proposed by them to the Shareholders and approved at a Shareholders Meeting by a majority of the stock entitled to vote thereon.

ARTICLE IX - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Gustavo J. Gari
One S. School Avenue, #1000
Sarasota, FL 34237

The undersigned has executed these Articles this 10 day of ~~December, 2005~~ ^{January, 2006}.


Gustavo J. Gari

"INCORPORATOR"

Having been named as Registered Agent and to accept service of process for
ADVANCED DENTAL CARE OF CITRUS PARK, P.A., the place designated in the Articles, 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.

Date:

January 6, 2006


David Nichols

"REGISTERED AGENT"

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CLERK OF STATE
TALLAHASSEE, FLORIDA