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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

STATE DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**pine island dental, inc.**

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J. 3/10/06



**ARTICLE VI**

The name and street address of the initial Registered Agent of the this corporation shall be:

Thomas A Zurfluh  
8850 State Road 84  
Davie, FL 33324

**ARTICLE VII**

The name and address of the officers and initial board of director(s) shall be:

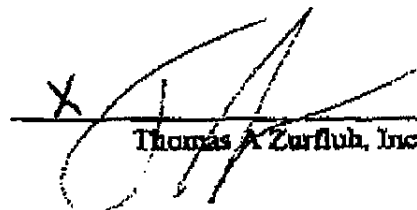
1. Thomas A Zurfluh                      8850 State Road 84  
President, Director                      Davie, FL 33324

**ARTICLE VIII**

The name and address of the incorporator executing these Article of Incorporation is:

Thomas A Zurfluh  
8850 State Road 84  
Davie, FL 33324

The undersigned has executed these Article of Incorporation this 6<sup>th</sup> day of March, 2006.

  
\_\_\_\_\_  
Thomas A Zurfluh, Incorporator

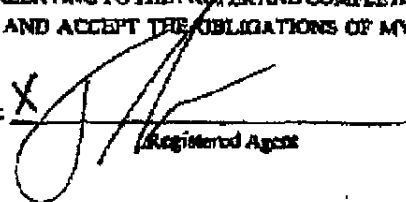
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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**PINE ISLAND DENTAL INC.**  
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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: X



Registered Agent

REGISTERED AGENT NAME:

Thomas A Zurfluh

ADDRESS:

8850 State Road 84

CITY OF:

DAVIS

COUNTY OF:

HOWARD

STATE OF:

FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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