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Florida Department of State
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

bonnie rae debilzan, dmd, p.a.

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ARTICLES OF INCORPORATION

OF

BONNIE RAE DeBILZAN, DMD, P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation

BONNIE RAE DeBILZAN, DMD, P.A.

ARTICLE II PRINCIPAL OFFICE

ARTICLE II

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

2125 BISCAYNE BLVD, SUITE 510
MIAMI, FL 33137

ARTICLE III CAPITAL STOCK

ARTICLE III

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

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is (are)

JOEL MARCUS

676 WEST PROSPECT ROAD
FORT LAUDERDALE, FL 33309

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

BONNIE RAE DeBILZAN
2125 BISCAYNE BLVD, SUITE 510
MIAMI, FL 33137

ARTICLE VI INITIAL OFFICERS AND/OR DIRECTORS

BONNIE RAE DeBILZAN
2125 BISCAYNE BLVD, SUITE 510
MIAMI, FL 33137

ARTICLE VII

The specific nature of business of the professional Association is Dental Office.

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

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

BONNIE RAE DeBILEAN, DMD, P.A.

1. The name and address of the registered agent is:

JOEL MARCUS
676 WEST PROSPECT ROAD
FORT LAUDERDALE, FL 33309

SIGNATURE
(Incorporator)

DATE

4/12/06

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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

4/12/06

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