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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

for 8/3/06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 25, 2006

2512 S.E. Anchorage CV #A3
Port St. Lucie, FL 34952

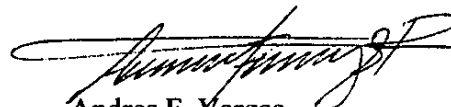
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir/Madam:

Enclosed for filing are the articles of incorporation for Orthodontic Associates of South Florida, Inc. together with a check in the amount of \$122.50 representing your filing fee. Please return a filed copy to me.

Thank you for your assistance in the matter.

Sincerely,



Andres F. Vargas

Enclosures

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 shall be:

ORTHODONTIC ASSOCIATES OF SOUTH FLORIDA, INC.

ARTICLE II – PURPOSE

The purpose of the corporation is to render dental services to the general public.

ARTICLE III – PRINCIPAL OFFICE

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

2512 S.E. Anchorage CV #A3
Port St. Lucie, FL 34952

ARTICLE IV – SHARES

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

1000 shares at \$1.00 par value

ARTICLE V – INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ANDRES F. VARGAS
2512 Anchorage CV #A3
Port St. Lucie, FL 34952

ARTICLE VI – SHAREHOLDERS

The initial shareholder(s) and mailing address of this corporation are listed below:

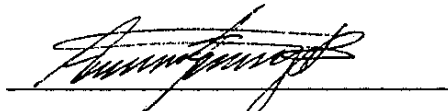
| <u>Name</u> | <u>Ownership</u> |
|------------------|------------------|
| Andres F. Vargas | 100% |

ARTICLE VII – INCORPORATOR

The name and street address of the incorporator(s) to these articles of incorporation is:

Andres F. Vargas
2512 Anchorage CV #A3
Port St. Lucie, FL 34952

The undersigned incorporator(s) has executed these articles of incorporation this
_____ day of July 2006.



ANDRES F. VARGAS

CERTIFICATE OF DESIGNATION OF 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 the designation of the registered office/agent.

1. The name of the corporation is:

Orthodontic Associates of South Florida, Inc.

2. The name and address of the registered agent and office is:

Andres F. Vargas
2512 Anchorage CV #A3
Port St. Lucie, FL 34952

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 the statutes relating to the proper and complete performance of my duties and am familiar with and accept the obligations of my position as registered agent.



ANDRES F. VARGAS

Date

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TALLAHASSEE, FLORIDA