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AMENDMENTS
Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
REGISTRATION/QUALIFICATION
Foreign Limited Partnership Reinstatement Trademark Other
Examiner's Initials

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ARTICLES OF INCORPORATION

SECRET BY OF STATE TALLAHASSEE, FLORIDA

<u>oe</u>

DENTAL PRACTICE ADMINISTRATION SERVICES, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under t Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation

ARTICLE I NAME

The name of the corporation shall be: DENTAL PRACTICE ADMINISTRATION.

SERVICES, INC.

The principal place of business of this corporation shall be: 8401 NW 8 st #106 Miami, Fl. 33126

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or busine permitted under the laws of the United States, the State of Florida, or any other sta country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation authorized to have outstanding at any one time is: 1000

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, verball hold office the first year of the corporation's existence or until their successor(sis(are)) elected, is(are):

P/ Elizabeth Napoles 8401 NW 8 St #106 Miami, Fl. 33126 VP/ Nancy Benedico 8401 NW 8 St #106 Miami,Fl. 33126

ARTICLE VI INCORPORATOR(S)

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

Elizaneth Napoles 8401 NW 8 St #106 Miami, Fl. 33126

ARTICLE VII REGISTERED AGENT

ELIZANETH NAPOLES 8401 NW 8 ST., #106 MIAMI, FLORIDA 33126

Signature(s) of Incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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	DENTAL PRACTICE ADMINISTR	RATION SERVICES INC.
•	· · · · · · · · · · · · · · · · · · ·	
		17782674 4020166
2. The name and address of the	registered agent and office is:c	LILHNOIR. NAPOLES
	W 8 St #106	<u></u>
(P.O	. BOX NOT ACCEPTABLE)	
Miami,	, F1. 33126	06 HOV
	(CITY/STATE/ZIP)	類。五
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`		THE WILL
	SIGNATURE	3
	·	porate officer)
	TITLE <u>Preside</u> r	ı .
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	DATE 10/25/06	į
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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE DATE 10/25/06