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**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Lakeland Oral & Facial  
Surgery, P.A.*

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May 8, 2007

CAPITAL CONNECTION, INC.  
ATTN WL

SUBJECT: LAKELAND ORAL & FACIAL SURGERY, P.A.  
Ref. Number: W07000022085

We have received your document for LAKELAND ORAL & FACIAL SURGERY, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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*This Document was prepared by:  
J. Scott Reed, Esquire  
Florida Bar No.: 0124699  
SWEAT & REED, P.A.  
2012 South Florida Avenue  
PO Box 2866  
Lakeland, Florida 33806  
863/680-2222*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**LAKELAND ORAL & FACIAL SURGERY, P.A.**

**ARTICLE I. CORPORATE NAME.**

The name of this Corporation shall be **LAKELAND ORAL & FACIAL SURGERY, P.A.** The principal place of business and mailing address of the corporation shall be **1736 E. EDGEWOOD DRIVE, LAKELAND, FLORIDA 33803.**

**ARTICLE II. DURATION.**

This Corporation shall have perpetual existence commencing upon filing of these articles.

**ARTICLE III. NATURE OF CORPORATE BUSINESS.**

The specific nature of business is the practice of oral and facial surgery.

**ARTICLE IV. CAPITAL STOCK.**

This Corporation is authorized to issue a maximum of 100 shares at \$1.00 par value. The Corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than 35 persons. Stock will be issued and transferred only to natural persons, estates, or a trust defined in Section 1361 (c)(2) (or its successor section) of the Internal Revenue Code. In addition, no stock shall be issued or transferred to a nonresidential alien.

**ARTICLE V. REGISTERED AGENT AND INITIAL REGISTERED OFFICE.**

The Corporation's initial Registered Agent and Registered Office in the United States and Florida shall be:

**R. JAMES PLATT  
2012 SOUTH FLORIDA AVENUE  
LAKELAND, FLORIDA 33803**

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida. The principal Office address is the same as the Registered Agent's address.

**ARTICLE VI. BOARD OF DIRECTORS.**

The Corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time by bylaws adopted by the stockholders, but shall never be less than one. The name of the initial directors of this Corporation and their street addresses are:

**EDWARD J. MESZAROS, D.M.D.  
1736 E. EDGEWOOD DRIVE  
LAKELAND, FLORIDA 33803**

**ARTICLE VII. INCORPORATOR.**

The name and post office address of the Incorporator executing these Articles of Incorporation is as follows:

**EDWARD J. MESZAROS, D.M.D.  
1736 E. EDGEWOOD DRIVE  
LAKELAND, FLORIDA 33803**

**ARTICLE VIII. AMENDMENT OF ARTICLES.**

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by at least a majority of the stockholders entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

**IN WITNESS WHEREOF**, the undersigned, as Incorporator, has executed the foregoing Articles of Incorporation on this 2 day of May 2007.

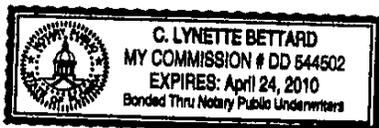
  
\_\_\_\_\_  
EDWARD J. MESZAROS, D.M.D.

**STATE OF FLORIDA  
COUNTY OF POLK**

**BEFORE ME**, a Notary Public, duly authorized to take acknowledgments, personally appeared, EDWARD J. MESZAROS, D.M.D., known to me to be the person described as Incorporator in the foregoing Articles of Incorporation, or who has produced a Driver License as identification and who acknowledged before me (and who did not take an oath) that he executed the same.

**WITNESS MY** hand and official seal in the County and State last aforesaid this 2<sup>nd</sup> day of May 2007.

  
\_\_\_\_\_  
NOTARY PUBLIC



**CERTIFICATE DESIGNATING REGISTERED AGENT AND PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, AND ACCEPTANCE OF  
AGENT UPON WHOM PROCESS  
MAY BE SERVED**

In compliance with the laws of Florida, the following is submitted:

That **LAKELAND ORAL & FACIAL SURGERY, P.A.**, desiring to organize under the laws of the State of Florida, the corporation named in the foregoing Articles of Incorporation has named **R. JAMES PLATT**, whose address is 2012 SOUTH FLORIDA AVENUE, LAKELAND, FLORIDA 33803, as its statutory registered agent.

Having been named statutory agent of said corporation at the place designated in this certificate, I hereby accept the same and agree to act in this capacity, and agree to comply with provisions of Florida law relative to keeping the registered office open.

DATED this 3<sup>rd</sup> day of May 2007.

  
\_\_\_\_\_  
R. JAMES PLATT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**