

MAY 30 2007 4:10PM

CAPITAL CONNECTION

NO 8442 P. 1

**P07000064077**

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

From: Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850)224-8870  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Dental Care Institute, P.A.**

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CAPITAL CONNECTION

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**ARTICLES OF INCORPORATION**  
**OF**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Dental Care Institute, P.A.**

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

**ARTICLE I: NAME**

The name of the corporation is **Dental Care Institute, P.A.**

The specific nature of business of this professional association is to own and operate a dental services profession.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business is and mailing address of the corporation is **145 Hidden Road, Ponte Vedra, FL 32081.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$10.00) per share.

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#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Joseph M. Ripley, Jr., 5515 Phillips Highway, Jacksonville, FL 32207.**

#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

#### **ARTICLE VI: OFFICERS AND DIRECTORS**

The name and address of the initial Board of directors is **Debora G. De Farias, 11475 Halethorpe Dr., Jacksonville, FL 32223.**

#### **ARTICLE VII: INDEMNIFICATION**

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 30<sup>th</sup> day of May 2007. Your Capital Connection, Inc., by Stacey Piland, Client Representative

Stacey Piland

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CAPITAL CONNECTION

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: DENTAL CARE INSTITUTE, P.A.

2. The name and street address of the registered agent and office is: Joseph M. Ripley, Jr.,  
5515 Phillips Highway, Jacksonville, FL 32207

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

  
JOSEPH M. RIPLEY, JR.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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