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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	PATRICIA A. SABERS, D.M.D. P.A.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
		ADDITIONAL CO		
FROM:	P. A. SABERS DM			
	Name	(Printed or typed)		
	802 S.OSPREY	y Avenue		
		Address		
	SARASOTA, FI	L 34236		
	City,	State & Zip		
	941.906.99	199		
	. Daytime T	elephone number		

 $\label{eq:NOTE:Please provide the original and one copy of the articles.}$

'ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

PATRICIA A. SABERS, D.M.D. P.A

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

802 S. Osprey Avenue SARASOTA, FL 34236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTISTRY

ARTICLE IV SHARES

The number of shares of stock is:

ONE

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PATRICIA A. SABERS, DMD, M. Ed.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

PATRICIA A. SABERS, DMD 302 S. Osprey Avenue SAROSOTA, FL 34236

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

PATERICIA A SABERS DMIN 802 S. Osprey Ave Sarasota, PL 34236

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and gecept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator

5 29 · 07
Date

5.29.07