

PS 7800106230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

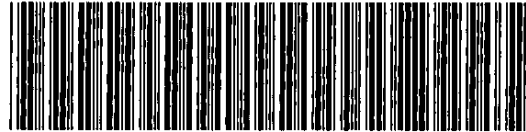
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700109690987

09/24/07--01075--007 \*\*78.75

FILED

2007 SEP 24 P 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-25-07  
2007

***Albert C. Eaton***  
*Attorney and Counselor at Law*  
1516 East Colonial Drive, Suite 100E  
Orlando, Florida 32803

*Mailing Address:*  
Post Office Box 530054  
Orlando, Florida 32853-0054

*Telephone*  
(407) 843-8100  
*Telecopier*  
(407) 897-6986

September 21, 2007

Florida Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Articles of Incorporation  
Longwood Prosthodontics, P.A.

Dear Sir:

Enclosed are original and one copy of the Articles as above captioned, and our check in the amount of \$78.75, representing:

|                            |         |
|----------------------------|---------|
| Filing Fee                 | \$35.00 |
| Resident Agent Designation | \$35.00 |
| Certified Copy             | \$ 8.75 |

When the Articles have been processed, we would appreciate the return of the certified copy to our attention.

Thank you for your consideration in this matter.

Sincerely,



Albert C. Eaton

ACE/as  
Enclosures

ARTICLES OF INCORPORATION  
OF  
LONGWOOD PROSTHODONTICS, P.A.

The undersigned incorporator, who is licensed or otherwise legally authorized to practice the profession of dentistry in the State of Florida, associates himself with the intention of forming a professional corporation in accordance with the Florida Professional Service Corporation and Limited Liability Company Act, and adopts the following articles of incorporation for the corporation;

ARTICLE I

NAME

The name of the Corporation is:

LONGWOOD PROSTHODONTICS, P.A.

ARTICLE II

DURATION

This Corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE III

PURPOSE OR PURPOSES

The purpose or purposes for which this Corporation is organized are as follows:

- (a) To engage in the practice of dentistry as a professional corporation and to own and operate a dental office for the purposes of providing dental care and treatment.

**FILED**  
2001 SEP 24 P 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(b) To treat, prescribe, diagnose, or operate for any disease, pain, injury, deficiency, deformity or physical condition of human teeth, gums, jaws, and adjacent tissues.

(c) To furnish, construct, reproduce, or repair prosthetic dentures or bridges to be used and worn as substitutes for natural teeth.

(d) Any and all other matters and/or procedures associated with the practice of prosthodontics.

The purposes of this corporation shall be carried out only through officers, employees, and agents, each of whom is licensed or otherwise legally qualified to render professional dental services in the State of Florida.

#### ARTICLE IV

##### CAPITALIZATION

The aggregate number of shares, which the Corporation is authorized to issue or have outstanding at any one time, is one hundred (100) shares. Such shares shall be of a single class designated as "Common Stock" and shall have a par value of TEN DOLLARS (\$10.00) per share.

#### ARTICLE V

##### INITIAL REGISTERED OFFICE, AGENT AND PRINCIPAL OFFICE

The street address of the initial registered agent of the Corporation is 653 Smokerise Boulevard, Longwood, Florida 32779, and the name of its initial registered agent at such address is TOM V. KORIOOTH. The street address of the initial principal office of the Corporation is 653 Smokerise Boulevard, Longwood, FL 32779.

ARTICLE VI

DIRECTORS

The Corporation shall have one (1) director initially. The number of directors may be increased or decreased from time to time by the By-Laws. The name and address of each person who is to serve as a member of the initial board of directors is:

| <u>Name</u>    | <u>Address</u>                                |
|----------------|-----------------------------------------------|
| Tom V. Koriath | 653 Smokerise Boulevard<br>Longwood, FL 32779 |


ARTICLE VII

INCORPORATORS

The name and address of each person signing these Articles of Incorporation as an incorporator is:

| <u>Name</u>    | <u>Address</u>                                |
|----------------|-----------------------------------------------|
| Tom V. Koriath | 653 Smokerise Boulevard<br>Longwood, FL 32779 |

Executed by the undersigned at Orlando, Orange County, Florida, on the 24<sup>th</sup> day of September, 2007.

  
\_\_\_\_\_  
TOM V. KORIOATH  
Incorporator

STATE OF FLORIDA  
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments and oaths, personally appeared TOM V. KORIOTH, who is personally known to me or who has produced P/K as identification, who did not take an oath, who executed the foregoing and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

WITNESS MY HAND and official seal in the County and State aforesaid, this 21<sup>st</sup> day of SEPTEMBER, 2007.

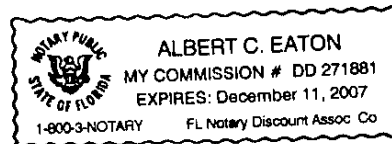


Notary Public, State of Florida

Albert C. Eaton

Printed Name

My Commission Expires:



ACCEPTANCE BY REGISTERED AGENT

I hereby accept the designation of initial Registered Agent of LONGWOOD PROSTHODONTICS, P.A.; that I am familiar with the obligations of that position, and I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



TOM V. KORIOATH  
653 Smokerise Boulevard  
Longwood, FL 32779

FILED

2007 SEP 24 P 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA