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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

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FLORIDA PROFIT/NON PROFIT CORPORATION

SUNSHINE DENTAL MANAGEMENT, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
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12/11/07

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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:

SUNSHINE DENTAL MANAGEMENT, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

555 Washington Avenue, Suite 350
Miami Florida 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide management services to dental practice

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ernesto Colman Mena - President
555 Washington Avenue, Suite 350, Miami, FL 33139

Pedro Langa - Chief Operating Officer
555 Washington Avenue, Suite 350, Miami, FL 33139

ARTICLE VI REGISTERED AGENT

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

Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ernesto Colman Mena
555 Washington Avenue, Suite 350
Miami Florida 33139

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 accept the appointment as registered agent and agree to act in this capacity

Corporation Service Company

Sue G. Knight
as its agent

By Sue G. Knight
Signature/Registered Agent

Ernesto Colman Mena
Signature/Incorporator

12-10-07
Date

12/7/07
Date