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

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.  
Account Number : 076624003440  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**NORTHWEST DENTAL, INC.**

Certificate of Status	1
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CERTIFICATE OF INCORPORATION  
OF  
NORTHWEST DENTAL, INC.

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FILED

The undersigned incorporator to these articles of incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I  
NAME

The name of this corporation is: NORTHWEST DENTAL, INC.

ARTICLE II  
GENERAL NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III  
CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 (One Thousand) shares of common stock, \$1 (One Dollar) par value per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

ARTICLE IV  
INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than \$100.

ARTICLE V  
TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Carlos F. Arazoza  
2100 Salzedo Street Suite 300  
Phone: (305) 444-6226  
Coral Gables, Florida 33134  
Florida Bar No.0698806

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ARTICLE VI  
ADDRESS

The principal office and mailing address of this Corporation in the State of Florida is 1250 N.W. 119 STREET, MIAMI, FL 33167. The Board of Directors may from time to time move the principal office to another address in Florida.

ARTICLE VII  
DIRECTORS

This corporation shall have not less than one director, however, 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 and address of the initial directors which shall serve until their replacements assume their positions is:

<u>Name</u>	<u>Address</u>
EVELYN ALDAMA-ESPINOSA	1250 N.W. 119 STREET MIAMI, FL 33167

ARTICLE VIII  
INITIAL OFFICERS

The names offices and addresses of the initial officers which shall serve until their replacements assume their positions are:

<u>Office</u>	<u>Name</u>	<u>Address</u>
President	EVELYN ALDAMA-ESPINOSA	1250 N.W. 119 STREET
Secretary		MIAMI, FL 33167

ARTICLE IX  
INCORPORATOR

The name and mailing address of the incorporator of these articles of incorporation is EVELYN ALDAMA-ESPINOSA located at 1250 N.W. 119 STREET, MIAMI, FL 33167.

ARTICLE X  
AMENDMENT

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 a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation be made.


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**ARTICLE XI**  
**REGISTERED OFFICE AND REGISTERED AGENT**

NORTHWEST DENTAL, INC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at the County of Miami-Dade, State of Florida, hereby designates EVELYN ALDAMA-ESPINOSA, as its Registered Agent to accept services within the State. The registered office of the Corporation shall be 1250 N.W. 119 STREET, MIAMI, FL 33167.

13<sup>th</sup> WITNESS the hand and seal of the incorporator in Miami-Dade County, State of Florida, this day of December, 2007

  
EVELYN ALDAMA-ESPINOSA  
Incorporator/President/Director

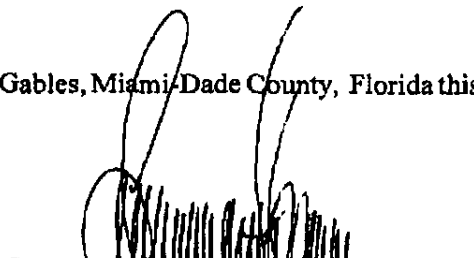
STATE OF FLORIDA                     )  
  ) SS:  
COUNTY OF MIAMI-DADE            )

The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of December, 2007, by EVELYN ALDAMA-ESPINOSA. She presented her FL DRIVER'S LICENSE as identification and she did \_\_\_\_\_ take an oath.

WITNESS my hand and seal at Coral Gables, Miami-Dade County, Florida this 13<sup>th</sup> day of December, 2007.



Laura Kohn  
Commission #DD319617  
Expires: May 16, 2008  
Bonded Thru  
Atlantic Bonding Co., Inc.

  
Notary Public, State of Florida at Large

My commission expires:

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE


Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned 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:

NORTHWEST DENTAL, INC


2. The name and address of the registered agent is:

EVELYN ALDAMA-ESPINOSA  
1250 N.W. 119 STREET  
MIAMI, FL 33167

  
EVELYN ALDAMA-ESPINOSA  
Dated: December 13 2007

Having been named as registered agent and to accept service of process for the above stated 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.

The Registered Agent:

  
EVELYN ALDAMA-ESPINOSA  
Dated: December 13 2007

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TALLAHASSEE, FLORIDA

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