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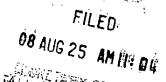
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COVER LETTER

Division of Corporations	
SUBJECT: Sunshine Dental Care	2
(Name of Surviving	g Corporation)
The enclosed Articles of Merger and fee are subr	nitted for filing.
Please return all correspondence concerning this	matter to following:
Stacie Le Clair DMD (Contact Person)	
Sunshine Dental Care (Firm/Company)	
2701 Park Dr (suito 6) (Address)	
Clearwater FL 33763 (City/State and Zip Code)	·
For further information concerning this matter, p	lease call:
Stacie Le Clair (Name of Contact Person)	At (727) 474- 3700 (Area Code & Daytime Telephone Number)
Certified copy (optional) \$8.75 (Please send a	nn additional copy of your document if a certified copy is requested)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

ARTICLES OF MERGER



(Profit Corporations)

PALLANA OF STATE

The following articles of merger are submitted in accordance with the Florida Business Corporation CAPTORIDA pursuant to section 607.1105, Florida Statutes.

First: The name and jurisdiction of the surviving corporation:

Name	<u>Jurisdiction</u>	Document Number (If known/ applicable)		
FOR ANT MONTH MARIA	promota.	PARTONO STANIA		
Sunshine Dental Care INC Second: The name and jurisdiction of each	Florida merging corporation:	P08000041573		
Name	<u>Jurisdiction</u>	Document Number (If known/ applicable)		
Stacre Le Clair DMD PA	Florida	P07000087904		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
<del></del>		7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -		
Third: The Plan of Merger is attached.	<del> </del>			
Fourth: The merger shall become effective Department of State.	e on the date the Articles of Mer	ger are filed with the Florida		
OR 8 /20 / 08 (Enter a specific	ic date. NOTE: An effective date canno after merger file date.)	ot be prior to the date of filing or more		
Fifth: Adoption of Merger by surviving corporation - (COMPLETE ONLY ONE STATEMENT)  The Plan of Merger was adopted by the shareholders of the surviving corporation on   1-20-08				
The Plan of Merger was adopted by the box				
Sixth: Adoption of Merger by merging co The Plan of Merger was adopted by the sha				
The Plan of Merger was adopted by the boa				

(Attach additional sheets if necessary)

### Seventh: SIGNATURES FOR EACH CORPORATION

Name of Corporation	Signature of an Officer or Director	Typed or Printed Name of Individual & Title
Stacie Le Clair DMD PA	· 5. WZUD	Stacie Leclar, president
Sunshine Dental Gre Inc.	· S. Lu Zu	Stacie Le Clair , Pasident

#### **PLAN OF MERGER**

(Non Subsidiaries)

The following plan of merger is submitted in compliance with section 607.1101, Florida Statutes, and in accordance with the laws of any other applicable jurisdiction of incorporation.

First: The name and jurisdiction of the <u>surviving</u> corporation:

Name

Sunshine Dental Care Inc.

Second: The name and jurisdiction of each <u>merging</u> corporation:

Name

Florida

Third: The terms and conditions of the merger are as follows:

100% of "Stacie LeClair DMD PA" will be morged into

Sunshine Dental Care. Inc.

Fourth: The manner and basis of converting the shares of each corporation into shares, obligations, or other securities of the surviving corporation or any other corporation or, in whole or in part, into cash or other property and the manner and basis of converting rights to acquire shares of each corporation into rights to acquire shares, obligations, or other securities of the surviving or any other corporation or, in whole or in part, into cash or other property are as follows:

(Attach additional sheets if necessary)

Sunshine Dental Care Inc will take over 100% of "stacke lectair DMD RA"

### THE FOLLOWING MAY BE SET FORTH IF APPLICABLE:

Amendments to the articles of incorporation of the surviving corporation are indicated below or attached:

## <u>OR</u>

Restated articles are attached:

Other provisions relating to the merger are as follows: