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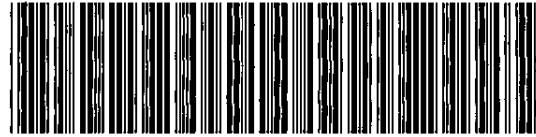
(Business Entity Name)

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RECEIVED
08 JUL -7 AM 10:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2008 JUL -7 PM 4:26
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 8/2008



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 637647 148589A

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : July 7, 2008

ORDER TIME : 9:59 AM

ORDER NO. : 637647-005

CUSTOMER NO: 148589A

DOMESTIC FILING

NAME: MARINEYDA OYOLA, D.M.D., P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION
OF
MARINEYDA OYOLA, D.M.D., P.A.

FILED
2008 JUL - 7 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, all of whom are duly licensed to practice dentistry, in the State of Florida, desiring to form a professional corporation in accordance with the Florida Business Corporation Act and the Florida Professional Service Corporation, adopt the following Articles of Incorporation:

I.NAME

The name of the professional corporation is **MARINEYDA OYOLA, D.M.D., P.A.**

II.PURPOSE

The purpose for which the Corporation is organized is to practice the profession of dentistry.

III.ELECTION UNDER PROFESSIONAL CORPORATION ACT

The Corporation elects to be governed by the provisions of the Florida Professional Service Corporation.

IV.DURATION

The term of existence of the Corporation is perpetual.

V.CAPITAL STOCK

The number of shares the Corporation is authorized to issue is 1,000, all of which shall be common shares with par value of \$1.00.

I.STATED CAPITAL

The amount of capital with which the Corporation shall begin business is \$1,000.

VII.REGISTERED OFFICE

The street address of the Corporation's initial registered office in this State is 3900 Clark Road, Building Q, Sarasota, Florida 34233. The initial registered agent at the registered office is Marineyda Oyola.

VIII.PRINCIPAL OFFICE

The mailing address of the initial principal office of the Corporation is 3900 Clark Road, Building Q, Sarasota, Florida 34233.

IX. INCORPORATORS

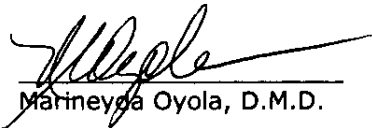
The names and post office addresses of the incorporators are the following:

| Name | Address |
|-----------------|--|
| Marineyda Oyola | 3900 Clark Road, Building Q, Sarasota, Florida 34233 |

X. DIRECTORS

The business of the Corporation shall be managed by the shareholders of the Corporation rather than by a Board of Directors.

IN WITNESS WHEREOF, the undersigned incorporator(s) have executed these Articles of Incorporation on July 2, 2008.



Marineyda Oyola, D.M.D.

16200 [license number]
Incorporator

STATE OF FLORIDA
COUNTY OF _____

On JULY 2, 2008, before me PAUL STEGER, the undersigned ^{NOTARY PUBLIC} officer, personally appeared Marineyda Oyola, known to me to be the person whose name is subscribed to this document, and acknowledged that MARINEYDA OYOLA she executed the document for the purposes contained within it.

IN WITNESS WHEREOF, I sign here and set my official seal.


My commission expires
1/15/2012



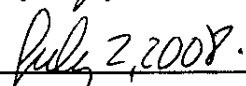
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
UPON WHO PROCESS MAY BE SERVED AND ACCEPTANCE BY
REGISTERED AGENT**

In compliance with Section 48.091, Florida Statutes, the following is submitted:

MARINEYDA OYOLA, D.M.D., P.A., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 3900 Clark Road, Building Q, Sarasota, Florida 34233, has named Marineyda Oyola, located at 3900 Clark Road, Building Q, Sarasota, Florida 34233, as its agent to accept service of process within Florida.



Marineyda Oyola, Incorporator

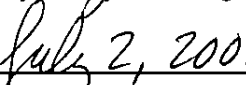


Date

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further state that I am familiar with and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



Marineyda Oyola, Registered Agent



Date