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LAW OFFICES OF  
**DANIEL V. PRITCHETT**

5580 Peterson Lane  
Suite 270  
Dallas, Texas 75240

Tel: 972.490.4777  
Fax: 972.490.4661  
daniel@dvplaw.com

July 17, 2008

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Philip LoGrippo, D.M.D., P.A.

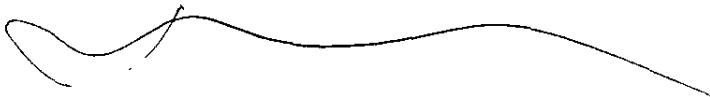
Dear Clerk:

You will find enclosed herewith an original and one (1) copy of the Articles of Incorporation for the above-referenced professional association. Also enclosed is my check for \$87.50, as filing fees.

Please return the Certificate of Incorporation, once the enclosed has been filed, directly to the undersigned at the above letterhead address.

Thank you for your assistance in this regard.

Sincerely,



Dan Pritchett  
DP/bd

ARTICLES OF INCORPORATION  
OF  
PHILIP LOGRIppo, D.M.D., P.A.

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TALLAHASSEE, FLORIDA

I, the undersigned natural person of the age of twenty-one (21) years or more, citizen of the State of Florida, holding the license to practice dentistry in the State of Florida, acting as an Incorporator of a Professional Association, in compliance with Chapter 607 and/or Chapter 621 of the Florida Statutes, do hereby adopt the following Articles of Incorporation.

ARTICLE I.

NAME

The name of the Professional Association is Philip LoGripPO, D.M.D., P.A.

ARTICLE II.

PRINCIPAL OFFICE

The principal street address and mailing address of the Professional Association is 1044 Castello Drive, Suite 110, Naples, Florida 34103.

ARTICLE III.

PURPOSE

The purpose for which the corporation is organized is the practice of dentistry.

ARTICLE IV.

SHARES

The number of shares of stock is 10,000.

ARTICLE V.

INITIAL OFFICER AND DIRECTOR

The name and address of the person who is to serve as officer and director until the first annual meeting of the members, or until his successor is elected and qualified, is: Philip LoGripPO, D.M.D., President and Secretary; 1044 Castello Drive, Suite 110, Naples, Florida 34103.

ARTICLE VI.

REGISTERED OFFICE AND AGENT

The street address of its initial registered office is 1044 Castello Drive, Suite 110, Naples, Florida 34103, and the name of its initial registered agent at such address is Philip LoGripPO, D.M.D.

ARTICLE VII.  
INCORPORATOR

The name and address of the Incorporator is Philip LoGrippe, D.M.D., 1044 Castello Drive, Suite 110, Naples, Florida 34103.

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.

Philip LoGrippe D.M.D.  
Philip LoGrippe, D.M.D.,  
Registered Agent

7/9/08  
Date

Philip LoGrippe D.M.D.  
Philip LoGrippe, D.M.D.,  
Incorporator

7/9/08  
Date

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