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MICHAEL M. DISLER
Attorney at Law
2012 Cedar Key Ct.
Sebring, Florida 33870
(863) 381-8985
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email: mikedisler@yahoo.com

November 21, 2008

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: DENTAL CARE OF MID-FLORIDA, P.A.

SSEE FLORE

michael m. Disler

To whom it may concern:

Enclosed herewith please find the following with regard to the above referenced:

- ( ૃદ્ધાનિ ) 1. Original and one copy of the Articles of Incorporation of DENTAL CARE OF MID-FLORIDA, P.A. to be filed accordingly.
- 2. A check in the amount of \$122.50 for filing costs.

Kindly return a copy of the Articles of Incorporation upon filing and advise should you need any additional information. Thank you for your courteous assistance in this manner.

Sincerely,

Michael M. Disler

MMD/ts enc.

## ARTICLES OF INCORPORATION

of

## DENTAL CARE OF MID FLORIDA, P.A.

The undersigned, acting as Incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation:

1. NAME: The name of this corporation shall be **DENTAL CARE OF MID FLORIDA**, **P.A.** 

2. PRINCIPAL OFFICE AND MAILING ADDRESS:

1735 U.S. 27 South Sebring, Florida 33870

- 3. PURPOSE AND DURATION: The purpose is to engage in the practice of dentistry and any activities or business as permitted under the laws of the United States and Florida and the period of its duration is perpetual.
- **4. CAPITAL STOCK:** The corporation is authorized to issue 100 shares, all of one class, at \$1.00 par value.
- 5. **INITIAL REGISTERED OFFICE AND AGENT:** The name and address of the initial registered agent and office of this corporation is as follows:

RONALD L. OWEN 1735 U.S. 27 South Sebring, Florida 33870

6. INITIAL BOARD OF DIRECTORS: This corporation shall have two (2) directors initially. The number of directors may be either increased or decreased from time to time by an amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one (1).

The name and address of the initial director of this corporation are:

NAME

**ADDRESS** 

RONALD L. OWEN

1735 U.S. 27 South

President

Sebring, Florida 33870

**CHRISTOPHER FORSEE** 

1735 U.S. 27 South

Secretary/Treasurer

Sebring, Florida 33870

- 7. INCORPORATOR: The name and address of the Incorporator signing these Articles of Incorporation is MICHAEL M. DISLER, 2012 Cedar Key Court, Sebring, Florida 33870.
- 8. AMENDMENT OF ARTICLES: This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 2 and day of December, 2008.

Michael M. Disler, Incorporator

michael W. Disler

STATE OF FLORIDA **COUNTY OF HIGHLANDS** 

BEFORE ME, the undersigned authority, personally appeared Michael M. Disler, to me known to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereun to set my hand and seal this 2nd day of

December, 2008.

otary Public, State of Florida

My Commission Expires:



## **CERTIFICATE OF DESIGNATION** REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of §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: **DENTAL CARE OF MID FLORIDA**, P.A.
- 2. The name and address of the registered agent and office is:

**RONALD L. OWEN** 1735 U.S. 27 South Sebring, Florida 33870

Corporate Officer, Director

December  $\nearrow$  , 2008

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.

RONALD L. OWEN

December 2 , 2008