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March 9, 2009

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

Re: Articles of Incorporation
Wintersprings Dental Excellence, P.A.

Dear Sir:

Enclosed are original and one copy of the Articles as above captioned, and our check in the amount of \$78.75, representing:

Filing Fee	\$35.00
Resident Agent Designation	\$35.00
Certified Copy	\$ 8.75

When the Articles have been processed, we would appreciate the return of the certified copy to our attention.

Thank you for your consideration in this matter.

Sincerely,



Albert C. Eaton

ACE/as
Enclosures

ARTICLES OF INCORPORATION
OF
WINTERSPRINGS DENTAL EXCELLENCE, P.A.

The undersigned incorporator, who is licensed or otherwise legally authorized to practice the profession of dentistry in the State of Florida, associates herself with the intention of forming a professional corporation in accordance with the Florida Professional Service Corporation and Limited Liability Company Act, and adopts the following articles of incorporation for the corporation;

ARTICLE I

NAME

The name of the Corporation is:

WINTERSPRINGS DENTAL EXCELLENCE, P.A.

ARTICLE II

DURATION

This Corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE III

PURPOSE OR PURPOSES

The purpose or purposes for which this Corporation is organized are as follows:

- (a) To engage in the practice of dentistry as a professional corporation and to own and operate a dental office for the purposes of providing dental care and treatment.

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TALLAHASSEE, FLORIDA

(b) To treat, prescribe, diagnose, or operate for any disease, pain, injury, deficiency, deformity or physical condition of human teeth, gums, jaws, and adjacent tissues.

(c) To furnish, construct, reproduce, or repair prosthetic dentures or bridges to be used and worn as substitutes for natural teeth.

(d) Any and all other matters and/or procedures associated with the practice of general dentistry.

The purposes of this corporation shall be carried out only through officers, employees, and agents, each of whom is licensed or otherwise legally qualified to render professional dental services in the State of Florida.

ARTICLE IV

CAPITALIZATION

The aggregate number of shares which the Corporation is authorized to issue or have outstanding at any one time is one hundred (100) shares. Such shares shall be of a single class designated as "Common Stock" and shall have a par value of ONE HUNDRED DOLLARS (\$100.00) per share.

ARTICLE V

INITIAL REGISTERED OFFICE, AGENT AND PRINCIPAL OFFICE

The street address of the initial registered agent of the Corporation is 4015 Long Branch Lane, Apopka, Florida 32712 and the name of its initial registered agent at such address is FADI R. AOUN. The street address of the initial principal office of the Corporation is 4015 Long Branch Lane, Apopka, Florida 32712.

ARTICLE VI

DIRECTORS

The Corporation shall have one (1) director initially. The number of directors may be increased or decreased from time to time by the By-Laws. The name and address of each person who is to serve as a member of the initial board of directors is:

<u>Name</u>	<u>Address</u>
Fadi R. Aoun	4015 Long Branch Lane Apopka, Florida 32712

ARTICLE VII

INCORPORATORS

The name and address of each person signing these Articles of Incorporation as an incorporator is:

<u>Name</u>	<u>Address</u>
Fadi R. Aoun	4015 Long Branch Lane Apopka, Florida 32712

Executed by the undersigned at Orlando, Orange County, Florida, on the 3rd day of March, 2009.



FADI R. AOUN
Incorporator

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments and oaths, personally appeared FADI R. AOUN, who is personally known to me or who has produced Personally Known as identification, who did not take an oath, who executed the foregoing and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

WITNESS MY HAND and official seal in the County and State aforesaid, this 3rd day of March, 2009.



Notary Public, State of Florida

Albert C. Eaton

Printed Name

My Commission Expires:

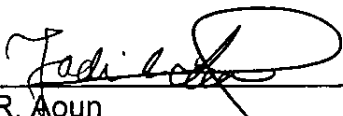


ALBERT C. EATON
MY COMMISSION # DD 705951
EXPIRES: December 11, 2011
Bonded Thru Budget Notary Services

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CLERK OF THE COURT
JALAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

I hereby accept the designation of initial Registered Agent of **WINTERSPRINGS DENTAL EXCELLENCE, P.A.** that I am familiar with the obligations of that position, and I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Fadi R. Aoun
4015 Long Branch Lane
Apopka, Florida 32712

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