

P09000099502

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
OMS SERVICES PA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

T. Burch DEC 10 2009

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: OMS Services PA

ARTICLE II PRINCIPAL OFFICEThe principal street address and mailing address, if different is: 8395 Shadow Pine Way
Sarasota FL 34238**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Licensed Dentistry

ARTICLE IV SHARESThe number of shares of stock is: 10,000 authorized
1,000 issued**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**List name(s), address(es) and specific title(s): Jeffrey Hawkins - President
8395 Shadow Pine Way
Sarasota FL 34238**ARTICLE VI REGISTERED AGENT**

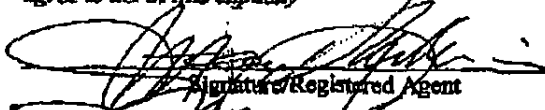
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

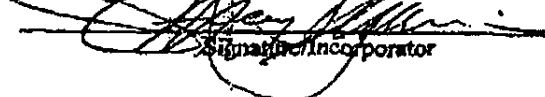
Jeffrey Hawkins
8395 Shadow Pine Way
Sarasota FL 34238**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jeffrey Hawkins
8395 Shadow Pine Way
Sarasota FL 34238

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



Signature/Registered Agent


Signature/Incorporator

12-2-09

Date

12-2-09

Date