P09000099502

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000255018 3)))

H09000255018 3ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2009 DEC -9 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
09 DEC -9 PM 12:33

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

FILED
2009 DEC -9 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 OFFICE
The 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 SHARES
The 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 — 12-2-09 Date

Signature/Incorporator — 12-2-09 Date