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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SCOTT	MIDDLETON, DMD, MD, P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
■ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
			<u></u>
FROM: SO	COTT MIDDLETON, DMD, MD		
i Kowi.		e (Printed or typed)	
290	00/2902 Bee Ridge Road		
_		Address	· · · · · · · · · · · · · · · · · · ·
Sai	rasota, FL 34239		
	City,	State & Zip	
941	-914-4397		
	Daytime T	elephone number	
prnj	pain@msn.com		
	E-mail address: (to be use	d for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

NAME ARTICLE I

The name of the corporation shall be:

Scott Middleton, DMD, MD, PA:

PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is: 2900/2902 Bee Ridge Road

Sarasota, FL 34239

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: **Oral Surgery Practice**

ARTICLE IV SHARES

The number of shares of stock is: 500

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

Scott Middleton, DMD, MD

President

2900/2902 Bee Ridge Road

Sarasota, FL 34239

REGISTERED AGENT ARTICLE VI

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

Scott Middleton, DMD, MD

2900/2902 Bee Ridge Road, Sarasota, FL 34239

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is: Scott Middleton, DMD, MD

2900/2902 Bee Ridge Road, Sarasota, FL 34239

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 dapacity

ghature/Registered Agent

Scott middleton, DMD, MD

Signature/Incorporator

5cott middbton, DMD, MD

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6-24-10