P1000056683	
(Requestor's Name) (Address) (Address)	700183033167
(City/State/Zip/Phone #)	07/08/1001020005 **78.75
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	APPHO FILEI MALLAHASSEE
Special Instructions to Filing Officer:	
Office Use Only	

95 7/12/10

### **COVER LETTER**

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

## SUBJECT: \_\_\_\_\_\_ Dental Review Consultants, Inc.

### (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 Status

ADDITIONAL COPY REQUIRED

FROM: Laura A. Kaiser, D.M.D.

Name (Printed or typed)

28331 South Tamiami Trail # 13

Address

Bonita Springs, FL 34134

City, State & Zip

(239) 949-8220

Daytime Telephone number

thirdmolarstudy@yahoo.com

E-mail address: (to be used for future annual report 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)

#### ARTICLE I NAME

ť

The name of the corporation shall be:

Dental Review Consultants, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 28331 South Tamiami Trail # 13 Bonita springs, FL 34134

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To render dental consulting services in various legal cases.

#### ARTICLE IV SHARES

The number of shares of stock is: 100

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Laura A Kaiser D.M.D. 28331 South Tamiami Trail # 13 Bonita Springs, Fl 34134 Fl 34134 Fl 34134 Fl 34134

# Vice President ARTICLE VI REGISTERED AGENT

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

Laura A Kaiser D.M.D

President

28331 South Tamiami Trail # 13 Bonita Springs, FI 34134

#### ARTICLE VII INCORPORATOR

The **<u>name and address</u>** of the Incorporator is: Laura A Kaiser D.M.D 28331 South Tamiami Trail # 13 Bonita Springs, FI 34134

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 Lawca A. Kaiser Signature/Incorporator

, 10/10 Date 7/2/10 Date

ထိ

÷