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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) 521-0821
Fax Number : (850) 558-1515

****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
WEST SIDE PEDIATRIC DENTISTRY PA

Certificate of Status	0
Certified Copy	0
Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

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J. Shivers FEB 15 2012

ARTICLES OF INCORPORATION

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

ARTICLE I NAME WEST SIDE PEDIATRIC DENTISTRY PA
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
16223 Miramar Parkway
Miramar, FL 33027

Mailing address, if different is:
1500 EAST BROWARD BLVD
FT LAUDERDALE FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
LICENSED DENTISTRY

ARTICLE IV SHARES

The number of shares of stock is: 10000 Authorized, 1000 Issued

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEBORAH FERRER PRESIDENT
Address: 3910 BAYVIEW DRIVE
FORT LAUDERDALE FL 33308

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: DEBORAH FERRER
Address: 3910 BAYVIEW DRIVE
FORT LAUDERDALE FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DEBORAH FERRER
Address: 3910 BAYVIEW DRIVE
FORT LAUDERDALE FL 33308

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
Corporation Service Company

By: Deborah Ferrer
Required Signature/Registered Agent

2-10-12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Deborah Ferrer
Required Signature/Incorporator

2-10-12
Date

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