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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
Great Expressions Specialty of Florida, P.A.

Certificate of Status	0
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PS 3/12/12

COVER LETTER

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

SUBJECT: Great Expressions Specialty of Florida, P.A.
(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: Greg Nodland
Name (Printed or typed)

Great Expressions Dental Centers
300 E. Long Lake Road, Suite 311
Address

Bloomfield Hills, MI 48304
City, State & Zip

248-203-1137
Daytime Telephone number

Greg.Nodland@Greatexpressions.com
E-mail address: (to be used for future annual report notification)

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

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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: Great Expressions Specialty of Florida, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
300 E. Long Lake Road Suite 311 Bloomfield Hills, MI 48304	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Dental services.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert A. Brody, D.M.D., President & Sole Director	Name and Title: Greg Nodland, Secretary, Treasurer & CFO
Address: 300 E. Long Lake Road Suite 311 Bloomfield Hills, MI 48304	Address: 300 E. Long Lake Road Suite 311 Bloomfield Hills, MI 48304
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: Jeanne Moloney
Address: Dykema Gossett PLLC, 39577 Woodward Avenue, Ste 300
Bloomfield Hills, Michigan 48304

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.

Rebecca Bautch Assistant Secretary — March 9, 2012
Required Signature/Registered Agent — 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.

J. Moloney — March 9, 2012
Required Signature/Incorporator — Date