

P14000009617

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA PROFIT/NON PROFIT CORPORATION  
THOMAS P. LEONARD, DMD, PA

Certificate of Status	0
Certified Copy	1
Page Count	03
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January 30, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: THOMAS P. LEONARD, DMD, PA  
REF: W14000006259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H14000023129  
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SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

3

414000023129

**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:

THOMAS P. LEONARD, DMD, PA

**ARTICLE II PRINCIPAL OFFICE**

The principal ~~street~~ address and mailing address, if different is:

370 SW 164 AVENUE  
PEMBROKE PINES, FL 33027

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

General Dentistry

**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):

THOMAS P. LEONARD, PRESIDENT  
370 SW 164 AVE  
PEMBROKE PINES, FL 33027

**ARTICLE VI REGISTERED AGENT**

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

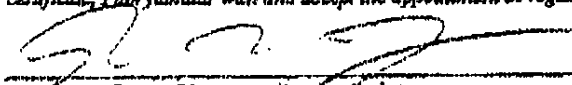
ROBERT BUGOWSKY, C.P.A.  
203 S. 21 AVE  
HOLLYWOOD, FL 33020

**ARTICLE VII INCORPORATOR**

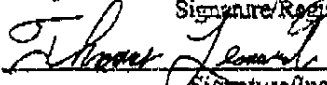
The name and address of the Incorporator is:

THOMAS P. LEONARD  
370 SW 164 AVE  
PEMBROKE PINES, FL 33027

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

1/28/14  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1-28-14  
\_\_\_\_\_  
Date

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
14 JAN 29 PM 12:06

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

THOMAS P. LEONARD, DMD, PA  
(NAME OF CORPORATION)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO  
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES  
OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS  
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL  
STATUTES RELATING TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND  
ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED  
AGENT.

  
REGISTERED AGENT

14 JAN 29 PM 12:06  
TALLAHASSEE, FLORIDA

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