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PICK-UP  WAIT  MAIL

(Business Entity Name)

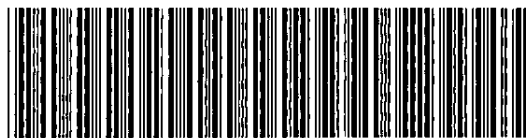
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**DATE:** 02-14-14

**NAME:** EDISON MALL DENTAL, P.A.

**TYPE OF FILING:** ARTICLES OF INCORPORATION

**COST:**

78.75  
~~70.00~~

**RETURN:**

Certified Copy

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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**COVER LETTER**

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

**SUBJECT: Edison Mall Dental, 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: Ross Krasnov, DDS**  
Name (Printed or typed)

**17555 Collins Avenue, Suite 2401**  
Address

**Sunny Isles Beach, Florida 33160**  
City, State & Zip

**917-902-9515**  
Daytime Telephone number

**rkrasnov@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** Edison Mall Dental, P.A.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address Mailing address, if different is:  
4125 Cleveland Avenue \_\_\_\_\_  
Suite #1430 \_\_\_\_\_  
Fort Myers FL 33901 \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: professional association - dental  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Name and Title:	Ross Krasnov, DDS, President	Name and Title:	_____
Address	17555 Collins Avenue, Suite 2401 Sunny Isles Beach, Florida 33160	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

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(cont.)

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: NRAI Services, Inc.  
 Address: 1200 South Pine Island Road  
Plantation, FL 33324


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**ARTICLE VII INCORPORATOR**

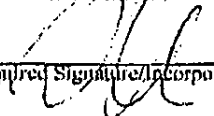
The name and address of the Incorporator is:

Name: Ross Krasnov, DDS  
 Address: 17555 Collins Avenue, Suite 2401  
Sunny Isles Beach, Florida 33160

*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*

  
 \_\_\_\_\_  
 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.*

  
 \_\_\_\_\_  
 Required Signature/Incorporator 1/25/14 Date