

6/25/2014 16:13:17 From: To: 8506176381

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Division of Corporations

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**P14000055276**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

Please retain original filing  
date of submission 6/24

\*\*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**  
**South Florida Implant Dentistry Associates, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	0405
Estimated Charge	\$70.00

*B 6/26/14*

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Corporate Filing Menu

Help

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

14 JUN 24 AM 10:58

14 JUN 25 PM 4:25

TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** South Florida Implant Dentistry Associates, 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:** Marissa Mangrum

Name (Printed or typed)

8350 E Crescent Parkway Suite 100

Address

Greenwood Village, CO 80111

City, State & Zip

303-217-2377

Daytime Telephone number

compliance@clearchoice.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** South Florida Implant Dentistry Associates, P.A.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

906 NE 26th Ave  
Fort Lauderdale, FL 33304

Mailing address, if different is:

8350 E Crescent Parkway, Suite 100  
Greenwood Village, CO 80111

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: to perform professional dentistry services.  
All professional dentistry services shall be rendered only through persons  
who are duly licensed or otherwise authorized to render professional  
dentistry services under the laws of the State of Florida.

**ARTICLE IV SHARES** 10,000  
The number of shares of stock is:

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

Name and Title: Juan Alberto Director/President Name and Title: \_\_\_\_\_

Address 906 NE 26th Ave Address: \_\_\_\_\_  
Fort Lauderdale, FL 33304

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION  
JUN 24 11:10:58 AM

(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: CT Corporation System  
Address: 1200 S. Pine Island Rd.  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Juan Alberto  
Address: 906 NE 26th Ave  
Fort Lauderdale, FL 33304

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

Hiedi M. Liesch Hiedi M. Liesch  
Assistant Secretary  
Required Signature/Registered Agent

6/24/2014  
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.

[Signature]  
Required Signature/Incorporator

6-13-14  
Date

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 24 AM 10:58

6/25/2014 16:13:17 From: To: 8506176381

( 2/5 )

850-617-8381

6/25/2014 1:22:51 PM PAGE 1/001 Fax Server



June 25, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: SOUTH FLORIDA IMPLANT DENTISTRY ASSOCIATES, P.A.  
REF: W14000039607

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

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. <http://www.sunbiz.org/titledef.html>.

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

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H14000151301  
Letter Number: 914A00013804

**\*RE-SUBMIT\***  
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date of submission 6/24