

**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.

(((H15000035042 3)))



H150000350423ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FILED
15 FEB 10 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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

Implant Dentistry Associates of Tampa, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED
15 FEB 10 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Implant Dentistry Associates of Tampa, 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.

FILED
15 FEB 10 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

15 FEB 10 AM 10:11

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Implant Dentistry Associates of Tampa, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3000 East Fletcher Avenue

Suite 240

Tampa, FL 33613

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

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terry M. Kelly, Director/President

Address: 3000 East Fletcher Avenue
Suite 240
Tampa, FL 33613

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

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: Terry M. Kelly
Address: 3000 East Fletcher Avenue Suite 240
Tampa, FL 33613

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. Llesch **Hiedi M. Llesch**
Assistant Secretary
Required Signature/Registered Agent

2-10-2015
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.

Terry M. Kelly
Required Signature/Incorporator

2/10/15
Date

FILED
15 FEB 10 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA