

**P17000026443**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
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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.\*\***

Email Address:

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Implant Dentistry Associates of Orlando - Maitland, P. A.**

Certificate of Status	0
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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: Implant Dentistry Associates of Orlando - Maitland, P.A.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
1101 North Lake Destiny Road, Suite 130,  
Maitland, Florida 32751

Mailing address, if different is:  
8350 East Crescent Parkway, Suite 300,  
Greenwood Village, Colorado 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, DMD, President Name and Title:

Address 1101 North Lake Destiny Road, Suite 130 Address:

Maitland, Florida 32751

Name and Title: Name and Title:

Address Address:

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, FL 33324

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Terry M. Kelly, DMD  
 Address: 1101 North Lake Destiny Road, Suite 130  
Maitland, Florida 32751

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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 the corporation and agree to act in this capacity*

C T Corporation System

3/22/2017

By: \_\_\_\_\_  
 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.*

Terry M. Kelly  
 Required Signature/Incorporator  
 Terry M. Kelly

3/22/17  
 Date