

7/3/2019

2019 JUL 3 12:48 PM
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 Division of Corporations
 P1900005264

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

19 JUL -3 PM 9:15
 DEPARTMENT 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: _____

2019 JUL -3 PM 4:25
 122 357
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FLORIDA PROFIT/NON PROFIT CORPORATION
Implant Dentistry Associates of St. Petersburg, P.A.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

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Corporate Filing Menu

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19 JUL -3 AM 9:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Implant Dentistry Associates of St. Petersburg, P.A.ARTICLE II PRINCIPAL OFFICEPrincipal street address
805 Executive Center Drive W, Suite 105St. Petersburg, Florida 33702

Mailing address, if different is:

8350 East Crescent Parkway, Suite 300Greenwood Village, Colorado 80111ARTICLE III PURPOSEThe purpose for which the corporation is organized is: to perform professional dentistry services.ARTICLE IV SHARESThe number of shares of stock is: 10,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Terry M. Kelly, DMD, President

Name and Title: _____

Address 805 Executive Center Drive W, Suite 105

Address: _____

St. Petersburg, Florida 33702

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, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Terry M. Kelly, DMD
 Address: 805 Executive Center Drive W, Suite 105
St. Petersburg, Florida 33702

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 TALLAHASSEE, FLORIDA

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 and accept the appointment as registered agent and agree to act in this capacity

 Mike Jones, Assistant Secretary
 Required Signature/Registered Agent

7/3/2019
 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, DMD
 Required Signature/Incorporator

7/1/2019
 Date