

3/14/22, 11:53 AM

Division of Corporations

P22000019276

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 : (954)208-0845
Fax Number : (614)573-3996

****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
FL Southern Dental EMP P.A.

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

T. SCOTT

MAR 15 2022

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: FL Southern Dental EMP P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address
100 Whetstone Place, Suite 308St. Augustine, FL 32086

Mailing address, if different is:

5830 Granite Parkway, Suite 780Plano, TX 75024**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: the practice of dentistry.**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Gregory Oxford, DDS, MS, PhD, Pres.Address: 100 Whetstone Place, Suite 308St. Augustine, FL 32086Name and Title: Gregory Oxford, DDS, MS, PhD, Sec.Address: 100 Whetstone Place, Suite 308St. Augustine, FL 32086Name and Title: Gregory Oxford, DDS, MS, PhD, DirectorAddress: 100 Whetstone Place, Suite 308St. Augustine, FL 32086

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Gregory E. Oxford, DDS, MS, PhD
Address: 100 Whetstone Place, Suite 308
St. Augustine, FL 32086

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

By: C T Corporation System Laura Broderick 3/10/2022

Required Signature/Registered Agent Date

Laura Broderick
Assistant Secretary

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.

Gregory Oxford 3/10/22

Required Signature Incorporator Date