

To:

Page: 2 of 4

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From: David Thomas

5/30/24, 11:47 AM

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Florida Department of State
Division of Corporations
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Central Florida Implant Dentistry Associates, P.A.

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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: Central Florida Implant Dentistry Associates, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address560 Fieldcrest DriveThe Villages, Florida 32162

Mailing address, if different is:

8350 E Crescent PkwySuite #100, 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 SHARESThe number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Lisa Hoang, DMD, MS, President

Name and Title: _____

Address 560 Fieldcrest Drive

Address: _____

The Villages, Florida 32162

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lisa Hoang, DMD, MS, President
Address: 560 Fieldcrest Drive
The Villages, Florida 32162

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

Sandra Zwijack Sandra Zwijack, Assistant Secretary May 30, 2024
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.

DocuSigned by: Lisa Hoang May 28, 2024 | 7:09 AM MDT
Required Signature/Incorporator Date