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To:

Division of Corporations

Fax Number : (850)617-6381

From:

ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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CIDAL)	Address:				 

## FLORIDA PROFIT/NON PROFIT CORPORATION GENTLE DENTAL GROUP CORP

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

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Gentle Dental Group CORP									
ARTICLE II PRINCIPAL OFFICE:									
The principal street address and mailing address is:									
2701 W OAKLAND PARK BLVD STE 101									
FORT LAUDERDALE FL 33311									
ARTICLE III SHARES: The number of shares of stock is: 100									
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:									
JAMES DELEON STOVALL RUFFIN (VP)									
YORIE VANETA GOUBOTH (P)									
6									
The name and Florida street address (PO Box not acceptable) of the registered agent									
JAMES DELEON STOVALL RUFFIN									
2701 W OAKLAND PARK BLVD STE 101									
FORT LAUDERDALE FL 33311									
ARTICLE VI INCORPORATOR: The name and address of the Incorporator									
JAMES DELEON STOVALL RUFFIN									
2701 W OAKLAND PARK BLVD STE 101									
FORT LAUDERDALE FL 33311									

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## Required Signatures:

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

Registered Agent

07/1/a4

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 a 817.155, F.S.

Incorporator

Date