

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service \_\_\_\_\_ Two Day Service \_\_\_\_\_

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: Facial Pain Diagnostic Center  
Dental Laboratory, Inc.

C.C. FEE. DISBURSED

Art. of Amend. File		
Dissolution/Withdrawal		
C U S		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s _____ Copies		
Courier Service		
Shipping/Handling		
Phone ( ) _____		
Top Priority		
Express Mail Prep.		
FAX ( ) _____ pgs.		
<b>SUBTOTALS</b> _____		

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	
SUBTOTAL.....	
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit Invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

MAR 7 1995

BSK

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY SW \_\_\_\_\_

WALK-IN  
 Will Pick Up 3-7 11:00

ARTICLES OF INCORPORATION  
OF  
FACIAL PAIN DIAGNOSTIC CENTER  
DENTAL LABORATORY, INC.

FILED  
95 MAR -7 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, acting as sole incorporator of FACIAL PAIN DIAGNOSTIC CENTER DENTAL LABORATORY, INC. under Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such corporation:

ARTICLE I

Name and Office

The name of the corporation shall be FACIAL PAIN DIAGNOSTIC CENTER DENTAL LABORATORY, INC. and the corporate address shall be 615 E. Princeton Street; Suite 415, Orlando, FL 32803.

ARTICLE II

Duration

The duration of the corporation is perpetual.

ARTICLE III

General Purposes

The purpose of the corporation is to engage in any acts or activities for which a corporation may be organized under Chapter 607 of the Florida Statutes.

ARTICLE IV

Shares

The aggregate number of shares which the corporation shall have authority to issue is One Thousand (1,000) consisting of a single class of common stock, \$1.00 par value per share.

ARTICLE V

Initial Registered Office and Agent

The address of the initial Registered Office of the corporation is 615 E. Princeton Street; Suite 415, Orlando, FL 32803 and the initial Registered Agent at such address is Brian Fuselier.

## ARTICLE VI

### Initial Board of Directors

The number of Directors constituting the initial Board of Directors of the corporation is two (2). The number of Directors may be increased or decreased from time to time, but in no event shall the number of Directors be less than one (1). The names for and addresses for the persons who are to serve as initial Directors until the first annual meeting of the shareholders of the corporation or until such successor Directors are elected and shall qualify are as follows:

Dr. Brian Fuselier  
4430 Harbour Lights Ct.  
Orlando, FL 32817

Patricia Flavin Fuselier  
4430 Harbour Lights Ct.  
Orlando, FL 32817

## ARTICLE VII

### Preemptive Rights Granted

Each shareholder of this corporation shall be entitled to full preemptive rights to purchase any unissued or treasury shares of the corporation.

## ARTICLE VIII

### Incorporator

The name and address of the sole incorporator of the corporation is: Harris N. Dvores, 200 E. Robinson Street, Suite 1250, Orlando, FL 32801.

IN WITNESS WHEREOF, these articles have been signed by the undersigned incorporator this 6<sup>th</sup> day of March, 1995.

  
\_\_\_\_\_  
Harris N. Dvores, Incorporator

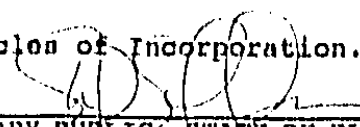
STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of March, 1995 by Harris N. Dvores, who is personally known to

me and who executed the foregoing Articles of Incorporation.



STEVEN DAVID SCHEFFLER  
MY COMMISSION # CC303953 EXPIRES  
August 1, 1997  
NOTARY PUBLIC - STATE OF FLORIDA, INC.

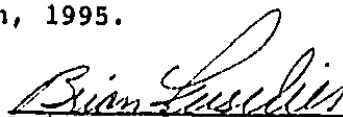
  
NOTARY PUBLIC, STATE OF FLORIDA

STEVEN DAVID SCHEFFLER  
Notary's Name Printed

**ACCEPTANCE OF APPOINTMENT BY  
INITIAL RESIDENT AGENT**

THE UNDERSIGNED, an individual resident of the State of Florida, having been named in Article V of the foregoing Articles of Incorporation as initial Registered Agent at the office designated therein, hereby accepts such appointment and agrees to act in such capacity. The undersigned hereby states that he is familiar with, and hereby accepts, the obligations set forth in Section 607.0505, Florida Statutes, and the undersigned will further comply with any other provisions of law made applicable to him as Registered Agent of the corporation.

DATED, this \_\_\_\_\_ day of March, 1995.

  
Brian Fuselier  
Registered Agent

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FILED  
MAR -7 1995  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA