1204 HAYS STREET TALLAHASSEE, EL 32301

800-142-8086

networks PRESTICE HALL DEGAL A FINANCIAL SERVICES ACCOUNT NO.

REFERENCE :

591214

11911A

AUTHORIZATION:

COST LIMIT : 970.00

ORDER DATE : May 4, 1995

ORDER TIME : 11:12 AM

ORDER NO. : 591214

600001476386

CUSTOMER NO: 11911A

CUSTOMER: J. James Abelson, Esq

J. JAMES ABELSON, P.A.

Suite A-3

1623 North U.s. Highway 1

Sebastian, FL 32958

DIAIN'NO 4309 'SO NOISIAID 5. kd

DOMESTIC FILING

NAME: VICTOR M. RAMOS, D.D.S., P.A.

XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS: T. BROWN MAY - 5 1995

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SECRETAL AM 10: 31

ALLAMASSEE STATE
STORY

ARTICLES OF INCORPORATION

OF

VICTOR M. RAMOS, D.D.S., P.A.

The undersigned incorporator hereby forms a corporation under Chapter 621 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

VICTOR M. RAMOS, D.D.S., P.A.

The address of the principal office of this corporation shall be 1627 U.S. Highway 1, Suite 17, Sebastian, Florida 32958, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in every aspect of the business of rendering the same professional services to the public that a Doctor Of Dentistry, duly licensed under the laws of the State of Florida, is authorized to render. This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 5,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Victor M. Ramos Dir./Pres./Sec./Treas. 140 Harris Drive Sebastian, Florida 32958

ARTICLE VII. PREEMPTIVE RIGHTS

The corporation elects to have preemptive rights.

ARTICLE VIII. SPECIAL PROVISION

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code and shall take all actions necessary to obtain and maintain its status as an S corporation.

ARTICLE IX. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc. 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on May 4, 1995.

CORPORATION INFORMATION SERVICES, INC.

Its Agent, Gail Shelby

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SECRE AND 31
PALLAHASSEE A SECRETARION

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

KBR/jwk

SEBASTIM EXEC. BLDG.

_(407) 589-9106

SUITE 15 1623 N. U.S. SEBALLIAN,

15000035258

June 19, 1995

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

600001524516 -06/27/95--01079--002 *****35.00 *****35.00

RE: Victor M. Ramos, D.D.S., P.A. Document No/ P95000035258

Dear Sir:

Please find enclosed The Statement of Change of Registered Office and Registered Agent for the above referenced corporation and a check in the amount of \$35.00 to cover the fee for same. I would appreciate written acknowledgment to this office that this change has, in fact, been made.

Yours trulyA

J. James Abelson Attorney at Law

JJA:gw

Encl:

15 JUN 26 AN 10: 04 ECKETAKY OF STATE LLAHASSEE, FLORIDA

Marion as post

Die Fie: 5-4-95

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508. Florida Statutes, the uncersigned corporation, organized under the laws of the State of Florida, submits the following statement to the purpose of changing its registered office and registered agent in the State of Florida.
1. The name of the corporation is: Victor M. Romos, P.D.S., P.A.
2. The name and uddress of its present registered agent is:
CORPORATION INFORMATION SERVICES, INC. 1201 Hays Street Tallahassee, Florida 32301
3. The name and street address to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE) VICTOR M. RAMOS P.O. BOX NOT ACCEPTABLE
1627 4.3. HICHWAY 1, SLITE 17, 82 8 111 DEBASTIAN FL. 32988
4. The street address of its registered office and the street address of the business of the business of the street agent, as changed, are identical.
5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors. VICTOR M. RAMOS PRESIDENT Signature (Typed or printed name and title) (President or Vice President)
(President or Vice President) Date 6-19-95
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORID: STATUTES.
Please Print/Type Name VicTor M. RAMOS VSignature Annual

FILING FEE 535

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