

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
(904) 247-0971  
(904) 247-0972

800-342-8086



ACCOUNT NO. : 07210001032

REFERENCE : 596138 9099A

AUTHORIZATION :

COST LIMIT :

*Patented Profit*

ORDER DATE : May 9, 1995

ORDER TIME : 3:09 PM

500001482215

ORDER NO. : 596138

CUSTOMER NO: 9099A

CUSTOMER: Carolyn Redman, Legal Asst  
WHEELER & TRAVISS, P.A.

P. O. Box 1396

Winter Haven, FL 33882-1396

DOMESTIC FILING

NAME: ATLANTIS DENTAL LAB, INC.

XXXX ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

T. BROWN MAY 10 1995

FILED  
95 MAY 10 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
ATLANTIS DENTAL LAB, INC.

FILED  
95 MAY 10 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

ATLANTIS DENTAL LAB, INC.

The address of the principal office of this corporation shall be 126 3rd Street Southwest, Winter Haven, Florida 33880, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

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 Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

William T. Moore Dir.	11548 Wellman Drive Riverview, Florida 33569
Wallace H. Pede II Dir.	4237 Shadow Wood Lane Winter Haven, Florida 33880

ARTICLE VII. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

William T. Moore  
Pres.

11548 Wellman Drive  
Riverview, Florida 33569

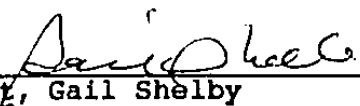
ARTICLE VIII. INCORPORATOR

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on May 9, 1995.

CORPORATION SERVICE COMPANY

By:   
Its Agent, Gail Shelby

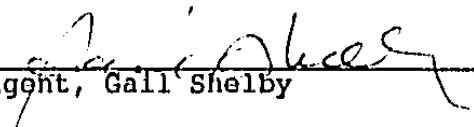
FILED  
95 MAY 10 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware 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 SERVICE COMPANY

By:

  
Its Agent, Gail Shelby

CLD/dgs

P95000036808  
WHEELER & TRAVIS, P.A.

147 Avenue A Northwest  
P. O. Box 1396  
Winter Haven, FL 33882-1396

Irving W. Wheeler  
James J. Travis

Telephone 813-294-7401  
Fax 813-294-9220

May 22, 1995

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

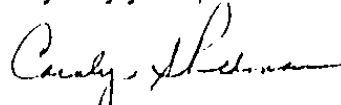
100001499571  
-05/26/95--01008--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RE: Atlantis Dental Lab, Inc.

Gentlemen:

Enclosed is Statement of Change of Registered Office and Registered Agent for the above referenced corporation together with our check for \$35.00 to cover the cost of said change notice to you.

Very truly yours,



Carolyn S. Redman, CPS  
Secretary

csr

Enclosure

FILED  
95 MAY 24 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RA Chg.  
6/6  
S

Charter No. 295000086008

Date Filed MAY 10 1995

FILED  
MAY 24 AM 10:57  
TALLAHASSEE FLORIDA

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 undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: ATLANTIS DENTAL LAB, INC.

2. The name and address 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)

WALLACE H. PEDE, II.

126 THIRD STREET SW

WINTER HAVEN, FL 33880

4. The street address of its registered office and the street address of the business office of its registered 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.

Wallace H. Pele II  
(Typed or printed name and title)

Signature

[Signature]  
(President or Vice President)

Date

5/11/95

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 FURTHER 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, FLORIDA STATUTES.

Please Print/Type Name WALLACE H. PEDE, II.

Signature

[Signature]  
(Agent)

Date

5/11/95