

**P95000038500**

FEDERAL TAX SERVICE

TRANSMITTAL LETTER

MAY 11, 1995

3.00001487613  
-05/15/95--01082--000  
\*\*\*\*280.00 \*\*\*\*70.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

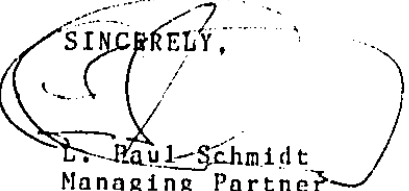
SUBJECT: DR. JOHN M ARNOT, DC/DO, PA  
FLORIDA'S SUNCOAST DENTAL GROUP, INC.  
MILTON'S SUNCOAST TILE & FLOORING CO.  
A FAMILY AFFAIR OF THE SUNCOAST, INC.

OUR FIRM IS ENCLOSING TWO ORIGINALS OF THE ARTICLES  
OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN  
THE AMOUNT OF \$280.00.

WE ARE REQUESTING ZERO CERTIFIED COPY(IES) OF THE  
ARTICLES OF INCORPORATION.

PLEASE RETURN ARTICLES OF INCORPORATION TO: MR. L.  
SCHMIDT, P.O. BOX 3347, HOLIDAY, FLORIDA 34690. THANK YOU.

SINCERELY,

  
L. Paul Schmidt  
Managing Partner  
P.O. Box 3347  
Holiday, FL 34690-0347  
(813) 937-1414

ENCLOSURES:

195460015077  
REGISTER MAY 16 1995

FILED  
95 MAY 16 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATE OFFICE: 2047 GRAND BLVD., HOLIDAY, FLORIDA 34690

**ARTICLES OF INCORPORATION  
OF  
FLORIDA'S SUNCOAST DENTAL GROUP, INC.**

**FILED**  
95 MAY 16 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: FLORIDA'S  
SUNCOAST DENTAL GROUP, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of  
this corporation shall be: P.O. Box 3347, Holiday, Florida  
34690.

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is  
authorized to have outstanding at any one time is: 1,000  
shares of the NO PAR VALUE.

**ARTICLE IV PURPOSE**

This corporation shall have the power and authority to  
forward the purposes and accomplish the objectives  
hereinafter set forth and to do and perform the same as  
completely and fully as any natural person is authorized to  
do under the laws of the State of Florida and in any part of  
the world:

(a) The business shall be providing services to the  
public and businesses.

(b) To own, buy, purchase, exchange, hire, lease, mortgage, or other wise acquire real estate and property, either improved, or any interest or right therein, and to own, hold control, maintain, manage and develop the same in any state of the United States.

(c) The corporation shall have the lawful right to transact any and all other lawful business.

#### ARTICLE V BY-LAWS

The power to adopt, alter, amend or repeal By-Laws shall be vested in the Board of Directors and Stockholders.

#### ARTICLE VI SPECIAL PROVISIONS

It is the intent of the incorporators that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file as Subchapter "S" corporation.

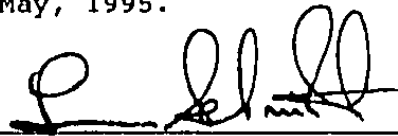
#### ARTICLE VII INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 2047 Grand Boulevard, Holiday, Florida, 34690, and the name of the registered agent of this corporation is Lawrence Schmidt.

ARTICLE VIII INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is: Lawrence Schmidt, 2047 Grand Blvd., Holiday, Florida 34690.

The undersigned has executed these Articles of Incorporation this 10th day, of May, 1995.

  
\_\_\_\_\_, Incorporator

FILED  
95 MAY 16 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is:

FLORIDA'S SUNCOAST DENTAL GROUP, INC.

2. The name and address of the registered agent and office is:

Lawrence Schmidt  
2047 Grand Boulevard  
Holiday, Florida 34690

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Lawrence Schmidt  
10th, May, 1995

995 0000 38500

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Florida Summit Dental Group Inc EIN or SS#: 59-3317865

Address: 8747-2 141st Rd  
New Port Richey Florida 34651

Amount: 225 Date Paid 8-5-96

Reason for claim: 995000038500 - duplicate  
payment on AR

Certified true and correct this 3 day of September, 19 96.

Signature [Signature]

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 225.

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 97566 dated 8-5-96.

Name of Account [Signature]  
45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: [Signature]  
452021300014530000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

Department of State, Division of Corporations  
(Agency) (Authorized Signature and Title)