P950000 39998

5/18/95 FLORIDA DIVISION OF CORPORATIONS 2:20 PM
PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: CORPORATE CREATIONS MIAMI
4437 SHERIDAN AVE
MIAMI BEACH FL 33140-000000
CONTACT: JOSEPH MATA
PHONE: (305) 538-9091
FAX: (305) 538-8994

(((H95000005606)))
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: SOUTH BEACH DENTAL CENTER, P.A.
FAX AUDIT NUMBER: H95000005606
DATE REQUESTED: 05/18/1995
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NUMBER OF PAGES: 4
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(((H95000005606)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:

Johnny Rodriguez
305-672-9110 - FAX
Corrected 6/26/95

EFFECTIVE DATE
5-18-95

DMC
5/19/95

FILED
95 MAY 19 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation
of
South Beach Dental Cent r, P.A.

Article I. Name and Purpose

The Corporation is being formed for the purpose of the practice of dental work. The name of this Florida corporation is South Beach Dental Center, P.A.

Article II. Address

EFFECTIVE DATE
5-18-95

The mailing address of the Corporation is:

South Beach Dental Center, P.A.
2895 Collins Avenue
Miami Beach, FL 33140

Article III. Capital Stock

The Corporation shall have the authority to issue 2000 shares of common stock, par value $.01 per share.

Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

Anibal Duarte
Duarte-Viera & Rodriguez, P.A.
3211 Ponce De Leon Boulevard, Suite 202
Coral Gables, FL 33134

Article V. Board of Directors

The affairs of the Corporation sha l be managed by a Board of Directors consisting of no less than one director. The number of directors may be

Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by law. The name of each initial member of the Corporation's Board of Directors is:

Antonio Otero

Article VI. Incorporator

The name and address of the incorporator is:

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140

Article VII. Corporate Existence

The corporate existence of the Corporation shall begin effective as of May 18, 1995.

The authorized representative of the incorporator executed these Articles of Incorporation on May 18, 1995.

Corporate Creations International Inc.

By: Joseph P. Mata

Joseph P. Mata, Secretary

H95000005606

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
95 MAY 19 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION:
South Beach Dental Center, P.A.

REGISTERED AGENT:
Anibal Duarte
Duarte-Viera & Rodriguez, P.A.
3211 Ponce De Leon Boulevard, Suite 202
Coral Gables, FL 33134

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Anibal Duarte

Date: May 18, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT -2 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039998

1. Corporation Name

SOUTH BEACH DENTAL CENTER, P.A.

Principal Place of Business	Mailing Address
2895 COLLINS AVENUE MIAMI BEACH FL 33140	2895 COLLINS AVENUE MIAMI BEACH FL 33140

10/16

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/18/1995

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED: [X] $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	OTERO, ANTONIO	C/O 2895 COLLINS AVENUE	MIAMI BEACH FL 33140

300001979473--1
-10/18/96--01018--003
****375.00 ****375.00

8. Name and Address of Current Registered Agent

DUARTE, ANIBAL
DUARTE-VIERA & RODRIGUEZ, P.A.
3211 PONCE DE LEON BLVD SUITE 202
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: Antonio Otero DDS
Street Address (P.O. Box Number is Not Acceptable): 780 NW 42 Ave Suite 527
Suite, Apt. #, Etc.:
City: Miami | State: FL | Zip Code: 33126

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Antonio Otero MS — REGISTERED AGENT MUST SIGN — Date: 9.26.96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Antonio Otero MS — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 9.26.96 — Daytime Phone #: 305 4428866

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