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TRANSMITTAL LETTER

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

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-07/21/95--01067--009
***131.25 ***131.25

SUBJECT: TIMOTHY HIGGINS, D.D.S., P.A.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

TIMOTHY HIGGINS, D.D.S.

Name (printed or typed)

5908 N.W. 65TH TERRACE

Address

PARKLAND, FLORIDA 33067

City, State & Zip

(305) 346-9600

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 21 AM 9:04

DL 7/24/95

NOTE: Please provide the original and one copy of the articles.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

55 JUL 21 AM 9:04

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TIMOTHY HIGGINS, D.D.S., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5908 N.W. 65TH TERRACE
PARKLAND, FLORIDA 33067

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TIMOTHY HIGGINS, D.D.S.
5908 N.W. 65TH TERRACE
PARKLAND, FLORIDA 33067

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

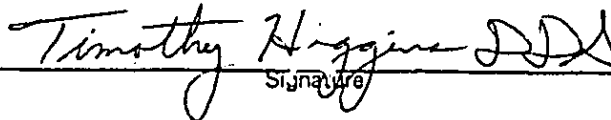
TIMOTHY HIGGINS, D.D.S
5908 N.W. 65TH TERRACE
PARKLAND, FLORIDA 33067

ARTICLE VI PURPOSE

FOR THE PURPOSE OF DENTISTRY AND RELATED SERVICES

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

EIGHTEENTH day of JULY, 19 95.


Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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DIVISION OF CORPORATIONS

JUL 21 AM 9:04

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: TIMOTHY HIGGINS, D.D.S., P.A.

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

TIMOTHY HIGGINS, D.D.S.

(Name)

5908 N.W. 65TH TERRACE

(P.O. Box not acceptable)

PARKLAND, FLORIDA 33067

(City/State/Zip)

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.

Timothy Higgins D.D.S.
(Signature)

18 July 1995
(Date)