

P95000064678

TRANSMITTAL LETTER

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 AUG 18 AM 10:33

SUBJECT: WEST FLORIDA DENTAL CENTER, INC.  
(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

Additional Copy Required

FROM: CHRIS P. FARRUGIA  
Name (printed or typed)

4510 BAYBROOK DRIVE  
Address

PENSACOLA FL 32514  
City, State & Zip

(904) 392-6141 x286  
Daytime Telephone number

400001564414  
-08/18/95--01039--020  
\*\*\*\*12 50 \*\*\*\*122.50

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

VW  
8-22-95

## ARTICLES OF INCORPORATION

*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.*

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### ARTICLE I NAME

The name of the corporation shall be:

WEST FLORIDA DENTAL CENTER, INC.

### ARTICLE II PRINCIPAL OFFICE

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

2511 S. FERDON BLVD.

CRESTVIEW, FLORIDA

32539

### ARTICLE III SHARES

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

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHRIS P. FARRUGIA

2511 S. FERDON BLVD.

CRESTVIEW, FLORIDA

32539

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

CHRIS P. FARRUGIA, DMS  
4510 BAYBROOK DRIVE  
PENSACOLA, FLORIDA  
32514

ALAN C. FARRUGIA, DMD  
119 LEPORT DRIVE  
PENSACOLA BEACH, FLORIDA  
32561

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

14 day of AUGUST, 19 95.



Signature

Signature

Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
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: WEST FLORIDA DENTAL CENTER, INC

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

CHRIS P. FARRUGIA, DDS  
(NAME)

2511 S. FERDON BLVD.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

CRESTVIEW FLA 32514  
(CITY/STATE/ZIP)

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*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.*

  
(SIGNATURE)

8-14-95  
(DATE)