P95000070649

BRIAN ALLEN, D.M.D.
2105 S. TAMIAMI TRAIL
OSPREY, FL. 34229

OFFICE USE ONLY

000001576350
-09/01/95--01061--014
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ _____
(Corporation Name) (Document #)

2. _____ _____
(Corporation Name) (Document #)

3. _____ _____
(Corporation Name) (Document #)

4. _____ _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

W95-17903

789,624,671
630

Examiner's Initials	9/13/95

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 6, 1995

BRIAN K. ALLEN
2105 S. TAMIAMI TRAIL
OSPREY, FL 34229

SUBJECT: BRIAN K. ALLEN, DMD, PA
Ref. Number: W95000017903

We have received your document for BRIAN K. ALLEN, DMD, PA and your check(s) totaling $122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

The document must include original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6926.

Sheldon Bream
Document Specialist

Letter Number: 795A00041221

Articles of Incorporation
of
Brian Allen, D.M.D., PA

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

ARTICLE I NAME

The name of the Corporation/Professional Association shall be:

Brian Allen, DMD, PA

ARTICLE II PURPOSE of the CORPORATION

Purposes of the corporation; To engage in the practice of dentistry.
The foregoing purposes and activities will be interpreted as examples only and not as limitation, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this Corporation/Professional Association shall be:

2105 S. Tamiami Trail
Osprey, FL 34229

ARTICLE IV SHARES

The number of shares of stock that this Corporation/Professional Association is authorized to have outstanding at any one time is: 500 shares.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Brian allen, D.M.D.
115 Lakeview Drive
Nokomis, FL 34275

ARTICLE VI INCORPORATOR(S)

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

Brian K. Allen, D.M.D.
2105 S Tamiami Trail
Osprey, FL 34229

The undersigned incorporator(s) has (have) executed these Articles of incorporation this 11th day of September 1995.

Brian K. Allen, DMD.
Signature

CERTIFICAT OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation/Professional Association, 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/Professional Association is:
   Brian Allen, DMD, PA
2. The name and address of the registered agent and office is:
   Brian Allen, D.M.D.
   2105 S. Tamiami Trail
   Osprey, FL 34229

Having been name as registered agent and to accept service of process for the above stated Corporation/Professional Association at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in th's 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.

Brian K Allen, DMD.
Signature

4/11/95
DATE