

# P96000008175

## TRANSMITTAL LETTER

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

2000016305292  
01/23/96--01005--0005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: PALM BEACH DENTAL ASSOCIATES, 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:

JOHN P. BROWN / O BROWN & CORE  
Name (printed or typed)

7307 W. ATLANTIC AVE.  
Address

DELRAY BEACH, FL 33446  
City, State & Zip

407-498-2800  
Daytime Telephone number

Dr. Brown GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Art IV  
DATE 1-26-96  
DOC. EXAM. BR

FILED  
96 JAN 22 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
789, 612, 706, 677  
-196-193  
& REGISTERED JAN 25 1996

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

**ARTICLES OF INCORPORATION**

**FILED**  
96 JAN 22 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

PALM BEACH DENTAL ASSOCIATES, INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

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

200 BUTLER STREET  
SUITE #203  
WEST PALM BEACH, FL  
33407

**ARTICLE III SHARES**

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

ONE THOUSAND (1,000) SHARES WITH A  
PAR VALUE OF ONE CENT (\$0.01) PER SHARE

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

JOHN P. BROWN DMD  
C/O BROWN & CORE P.A.  
7307 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33446

**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):

JOHN P. BROWN DMD  
860 CYPRESS WAY  
BOCA RATON, FL 33486

ENRICO V. CORE DMD  
23122 ISLAND VIEW DRIVE  
BOCA RATON, FL 33433

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

1<sup>st</sup> day of JANUARY, 1996.

  
\_\_\_\_\_  
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:

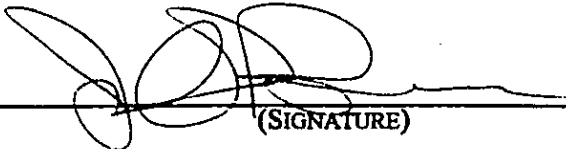
PAUM BEACH DENTAL  
ASSOCIATES INCORPORATED

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

JOHN P. BROWN DML  
(NAME)  
110 BROWN COORS P.A.  
7307 W. ATLANTIC AVE.  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)  
DELRAY BEACH, FL 33446  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

1/1/96  
(DATE)