

# P96000010016

## TRANSMITTAL LETTER

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

SUBJECT: Dent Surgeons, 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: Charles A. Olds  
Name (printed or typed)

931 State Road 434 #1201-246

Address

Altamonte Springs, Fl. 32746

City, State & Zip

800-719-6584

Daytime Telephone number

000001701040  
-01/30/96--01039--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FILED  
96 JAN 29 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

GB 2/1/96

## ARTICLES OF INCORPORATION

FILED

96 JAN 29 AM 9:05

CLERK 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:

Dent Surgeons, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

931 State Road 434 #1202-246  
Altamonte Springs, Fl. 32714

### 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:

Charles A. Olds  
274 Main Road  
Lake Mary, Fl. 32746

**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):

Charles A. Olden  
274 Main Rd.  
Lake Mary, Fl. 32746

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

26th day of January, 19 96.

Charles A. Olden

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:

Dent Surgeons, Inc.

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

Charles A. Olds

(NAME)

274 Main Road

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lake Mary, Fl. 32746

(CITY/STATE/ZIP)

FILED  
96 JAN 29 AM 9:06  
TALLAHASSEE FLORIDA  
DIVISION OF STATE

*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.*

Charles A. Olds  
(SIGNATURE)

1/26/96  
(DATE)