

P96000010201

January 26, 1996

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

RECEIVED 17 FEB 1996  
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\*\*\*+122.50 \*\*\*+122.50

Subject: North Port Dental Lab., Inc.

Dear Sir/Madam:

Enclosed is an original and one (1) copy each of the Articles of Incorporation, and Certificate of Designation Registered Agent/Registered Office.

Pursuant to Section 607.0123 Florida Statutes, effective date of said Corporation shall be February 1, 1996.

Enclosed also is a check in the amount of \$122.50 for the following:

- Filing of the two (2) above mentioned documents \$70.00
- Request for a Certified Copy \$52.50  
(Optional)

Sincerely,



EFFECTIVE DATE

2-1-96

Dr. Winston M. McIntosh  
Registered Agent  
14985 So. Tamiami Trail  
North Port, Florida 34287  
(813) 426-8289

FILED  
96 JAN 29 PM 1:17  
TALLAHASSEE, FLORIDA

FEB 1 1996

BSB

**Articles of Incorporation**  
**of**

**North Port Dental Lab., Inc.**

FILED  
96 JAN 29 PM 1:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to Section 607.0123 Florida Statutes, effective date of said Corporation shall be 12:01 a.m., February 1, 1996.

EFFECTIVE DATE  
2-1-96

**ARTICLE I - Name**

The name of the Corporation shall be:

**North Port Dental Lab., Inc.**

The address of the principal office of this corporation shall be:

North Port Dental Lab., Inc.  
14985 So. Tamiami Trail  
North Port, Florida 34287

and the mailing address of the corporation shall be the same.

**ARTICLE II - Nature of Business**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**ARTICLE III - Capital Stock**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 (One Thousand) shares of common stock having \$1.00 par value per share.

**ARTICLE IV - Initial Registered Agent and Street Address**

The name of the initial registered agent of the corporation is:

Dr. Winston M. McIntosh

and the street address of the initial registered office of the corporation shall be:

North Port Dental Lab., Inc.  
14985 So. Tamiami Trail  
North Port, Florida 34287

**ARTICLE V - Term of Existence**

Pursuant to Section 607.0123 Florida Statutes, effective date of said Corporation shall be 12:01 a.m., February 1, 1996.

This corporation is to exist perpetually.

**ARTICLE VI - Incorporator(s)**

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

Dr. Winston M. McIntosh  
14985 So. Tamiami Trail  
North Port, Florida 34287

**ARTICLE VII - Initial Directors**

The initial directors' names and addresses for the corporation:

**Director**

Dr. Winston M. McIntosh  
14985 So. Tamiami Trail  
North Port, Florida 34287

**President**

Dr. Winston M. McIntosh  
14985 So. Tamiami Trail  
North Port, Florida 34287

**Vice President**

Charla T. McIntosh  
1167 Wyath Drive  
Nokomis, Florida 34275

**Secretary/Treasurer**

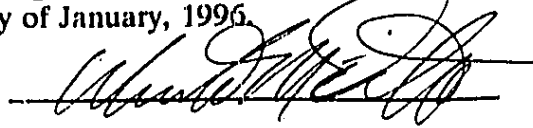
Charla T. McIntosh  
1167 Wyath Drive  
Nokomis, Florida 34275

**ARTICLE VIII - Purpose of the Corporation**

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

**ARTICLE IX - Management and Regulations**

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 26th day of January, 1996.

A handwritten signature in black ink, appearing to be "Charla T. McIntosh", is written over a horizontal line.

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the registered agent/registered office, in the State of Florida.

1. The name of the corporation is:

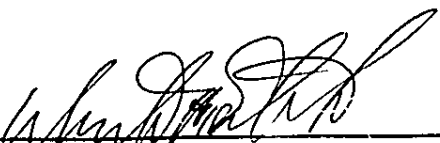
North Port Dental Lab., Inc.

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

Dr. Winston M. McIntosh  
14985 So. Tamiami Trail  
North Port, Florida 34287  
(813) 426-8289

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.

Date: January 26, 1996



Dr. Winston M. McIntosh  
Registered Agent  
North Port Dental Lab., Inc.

FILED  
96 JAN 29 PM 1:17  
CLERK OF THE COURT  
STATE OF FLORIDA