

P96000022854

ROBERT ALTMAN, P.A.

ATTORNEY AT LAW
PINE LAKE LODGE
5255 SILVER LAKE DRIVE
PALATKA, FLORIDA 32977

ROBERT ALTMAN
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TELEPHONE: (904) 325-4891
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March 1, 1996

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

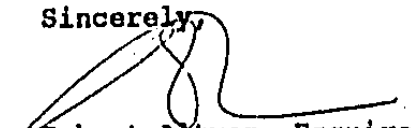
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SUBJECT: LITOWITZ, ORTHODONTIST, D.M.D., P.A.

Enclosed please find an original and one (1) copy of the Articles of Incorporation with Certification of Designation Registered Agent/Registered Office for the above corporation and check in the amount of \$122.50.

Please process accordingly.

Sincerely,


Robert Altman, Esquire

RA'tt
encl: As Indicated

6/6/96
6/6/96
6/6/96
3/5/96
TX

B. REGISTER MAR 14 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
36 MAR 14 AM 8:05

FILED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 5, 1996

ROBERT ALTMAN ESQUIRE
5256 SILVER LAKE DRIVE
PALATKA, FL 32177

SUBJECT: LITOWITZ, ORTHODONTIST, D.M.D., P.A.
Ref. Number: W96000004885

We have received your document for LITOWITZ, ORTHODONTIST, D.M.D., P.A. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

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) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 796A00009740

ROBERT ALTMAN, P.A.

ATTORNEY AT LAW
PINE LAKE LODGE
8280 SILVER LAKE DRIVE
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ROBERT ALTMAN
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TELEPHONE: (804) 328-4001
TELECOPIER: (804) 328-0705

March 8, 1996

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

SUBJECT: LITOWITZ, ORTHODONTIST, D.M.D., P.A.

RE: LETTER NO. 796A00009740

Enclosed please find an original and one (1) copy of the Articles of Incorporation with Certification of Designation Registered Agent/Registered Office for the above corporation with the information requested in your attached letter. Please process accordingly.

Sincerely,



Robert Altman, Esquire

RA'tt
encl: As Indicated

ARTICLES OF INCORPORATION
FOR
LITOWITZ, ORTHODONTIST, D.M.D., P.A.

The undersigned, incorporator(s) for the purpose of forming a Professional Association under the Professional Service Corporation and Limited Liability Company Act pursuant to §621, Florida Statutes and pursuant to §607, Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Litowitz, Orthodontist, D.M.D., P.A.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

*6110 S. Atlantic Avenue
New Smyrna Beach, FL 32169*

ARTICLE III SPECIFIC NATURE OF BUSINESS OF PROFESSIONAL ASSOCIATION

The specific nature of business of the professional association is:

Orthodontist dental practice

ARTICLE IV CAPITAL STOCK

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

*100 shares, all of one class,
\$1.00 par value*

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

*Arthur N. Litowitz
6110 S. Atlantic Avenue
New Smyrna Beach, FL 32169*

ARTICLE VI INCORPORATORS

The name and street address of the incorporator of these Articles of Incorporation is:

*Arthur N. Litowitz
6110 S. Atlantic Avenue
New Smyrna Beach, FL 32169*

FILED
96 MAR 14 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator has executed these Articles of Incorporation this 1 day of March, 1996.

Signature of the Incorporator

3/1/96

Arthur N. Litowitz
Arthur N. Litowitz, Incorporator

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501, Florida Statutes, the undersigned 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 Professional Association is: *Litowitz, Orthodontist, D.M.D., P.A.*

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

Arthur N. Litowitz
6110 S. Atlantic Avenue
New Smyrna Beach, FL 32169

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL ASSOCIATION 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.

Arthur N. Litowitz, D.M.D.

Arthur N. Litowitz, D.M.D.

March 1, 1986

Date

FILED
96 MAR 14 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA