P96000036509

TRANSMITTAL LETTER

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

ACCOUNT NUMBER
-03/20/96--01042--016
****122.50 ****122.50

SUBJECT: Community 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 ☐ $78.75 ☒ $122.50 ☐ $131.25

FROM: Robert G Victome
Name (printed or typed)

74 NE 4 Avenue
Address

Delray Beach,FL 33483
City, State & Zip

407-274-4465
Daytime Telephone number

3.26.96
RV

FILED
96 MAR 20 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
98 MAR 20 PM 12:40

ARTICLES OF INCORPORATION

OF

Community Dental Associates, P.A.

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: Community Dental Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

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

74 NE 4 Avenue
Delray Bch, FL 33483

ARTICLE III SHARES

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

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Robert G Victome
74 NE 4 Avenue
Delray Bch, FL 33483

ARTICLE V INCORPORATOR(S)

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

President: Robert A Victomo
4408 Hunting Trail
Lake Worth, FL 33467

ARTICLE VI PURPOSE

The purpose of the corporation will be to practice dentistry and/or any other business or activity allowable under the laws of the United States or the State of Florida.

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

15 day of March, 19 96.

/ President
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Community Dental Associates, P.A.

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

FILED
96 MAR 20 PM 12:40

Robert G Victome
(Name)

74 NE 4 Avenue
(P.O. Box not acceptable)

Delray Bch, FL 33483
(City/State/Zip)

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)

03/15/96

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL