

P960000 30856

CORPORATE ACCESS, INC.  
1116-D THOMASVILLE RD  
TALLAHASSEE, FL 32303

(800) 222-2886  
Receptor's Name

Address

M. Gonda

City/State/Zip

Phone #

03-03-01-11-12-13-14-15-16  
17-18-19-20-21-22-23-24-25  
26-27-28-29-30-31-32-33-34

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Plantation Park Dental Associates, P.A.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in

Pick up time

4/9/96 - 4/13

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

REGISTRATION FILED  
96 APR -9 PM 12 1996 APR -9 PM 1:18  
DIVISION OF CORPORATE ACCESS STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
Sgt. Hap

FILED

**ARTICLES OF INCORPORATION** **FILED**  
96 APR -9 PM 11:10  
**FOR** **STATE**  
**PLANTATION PARK DENTAL ASSOCIATES, P.A.**

The undersigned incorporator, for the purpose of forming a corporation under the Professional Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the corporation is

**PLANTATION PARK DENTAL ASSOCIATES, P.A.**

**ARTICLE II - PURPOSE**

The purpose of this corporation is the practice of general dentistry.

**ARTICLE III - PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation is 7420 NW 5TH ST., SUITE 104, PLANTATION, FL 33317.

**ARTICLE IV - DIRECTORS**

The name and address of the initial director(s) is

ALEX CARDOUNEL, D.D.S.  
RAUL RANGEL, D.M.D.  
2633 E. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33308

## **ARTICLE V - 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 having a par value of ONE DOLLAR (\$1.00) per share.

## **ARTICLE VI - INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent for this corporation is WILLIAM F. SULLIVAN, 2401 E. ATLANTIC BLVD., SUITE 410, POMPANO BEACH, FL 33062.

## **ARTICLE VII - INCORPORATOR**

The name and address of the incorporator for this corporation is Corporate Access, Inc., 1116-D Thomasville Road, Mount Vernon Square, Tallahassee, Florida 32303.

The undersigned incorporator has executed these Articles of Incorporation this 9TH day of APRIL, 1996.

  
\_\_\_\_\_  
Corporate Access, Inc.  
President - Danny Bennett

JULY-10-96 WED 12:59 PM ACROSS

984 222 1866

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## 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.

The name of the corporation is

PLANTATION PARK DENTAL ASSOCIATES, P.A.

The name and address of the registered agent is

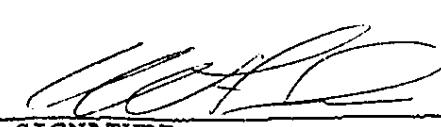
William F. Sullivan

2401 E. Atlantic Boulevard, Suite 410

Pompano Beach, FL 33062

FILED  
RECEIVED  
CLERK'S OFFICE  
FLORIDA  
JULY 10 1996  
10:59 AM  
18

Having been named registered agent for the stated corporation, I hereby accept the appointment as registered agent and am familiar with and accept the obligations of my position.



SIGNATURE