4UUUU2024524--3 -12/10/06--01077--002 ******70.00 ******70.00

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

SUBJECT:	(Proposed corp	orate name - must include suf	Tix)	
Enclosed is an origin	al and one(1) copy of the artic	les of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Graham S. Bell, DDS			
1 KOW	Name (Printed or typed)			
	4326 Park Boulevard Suite #I			
	Addr Pinellas Park, Florida	33781 <u>EFFE</u> CT	WE DATE 997	
	City, State (813) 546-4558	e & Zip	1021	
	Daytime Teleph	none number	PSEC -	
			9 Mi 9:	

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

ARTICLES OF INCORPORATION TALLY AND

OF

DENTAL SPECIALTY GROUP OF PINELLAS, INC.

Article I - Name

The name of the corporation is DENTAL SPECIALTY GROUP OF PINELLAS, INC.

Article II - Address

The address of the principal office is 4326 Park Boulevard, Suite #C-East, Pinellas Park, Florida 33781. The mailing address is the same as the physical location.

Article III- Commencement

This corporation will commence business effective January 1, 1997 or later.

Article IV - Duration

This corporation shall exist into perpetuity unless sooner dissolved by law commencing with the date of the filing of these Articles of Incorporation with the Department of State.

Article V - Purpose

This corporation is organized for the purpose of providing dental care to patients with specialized needs including, but not limited to, periodontics, pedodontics, endodontics, oral surgery and orthodontics.

Article VI - Capital Stock

This corporation is authorized to issue 10,000 shares of \$1.00 par value common stock, which shall be designated "common stock."

Article VII - Registered Agent

Initial registered office and agent. The street address of

the initial registered office is 4326 Park Boulevard Suite #I, Pinellas Park, Florida 33781, and the name of the initial registered agent is Wendy B. Paquette.

Article VII - Initial Board of Directors

This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the by-laws but shall never be less than one. The name and address of the initial director's of this corporation are:

Graham S. Bell, D.D.S. 940 Monte Cristo Boulevard Tierre Verde, Florida 33715

Article VIII - Incorporator

The name and address of the person signing these Articles is: Graham S. Bell, 940 Monte Cristo Boulevard, Tierre Verde, Fl 33715.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this _____ day of December 1996.

Graham S. Bell

STATE OF FLORIDA

COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Dr. Graham S. Bell, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

Notary Public My commission expires:

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:	Dental Specialty Group Of F	Pinellas ,Inc.
2.	The name and address of the regi	stered agent and office is: Wendy Paquette	- County of the second
		(Name)	
	432	26 Park Boulevard Suite #I	
	(P.O. B	OX OF Mail Drop BOX NOT ACCEPTABLE)	
	Pir	nellas Park, Florida 33781	
		(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.

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314