

PROFESSIONAL ASSOCIATION

SUITE 602 800 CORPORATE DRIVE FORT LAUDERDALE, FLORIDA 33334

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 13, 1996

Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

300002031433--9 -12/17/96--01142--002 \*\*\*\*\*\*70,00 \*\*\*\*\*\*70.00

Re: R.A. COHEN, D.D.S., P.A. Our File No.: 980-579-2CC

Dear Sir or Madam:

Enclosed is an original and one copy of the Articles of Incorporation for the above-referenced corporation. Also enclosed is our check in the amount of \$70.00 to cover the charges for filing fees and registered agent.

Please returnatrue copy of the Articles of Incorporation showing that they have been received and filed. We have enclosed a self-addressed, stamped envelope for your convenience in returning same.

Thank you for your cooperation.

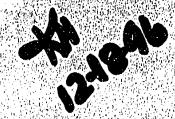
Very truly yours,

NEIMARK, GREENE & NADEL, P.A.

**CORTA NEIMARK** 

CAN:dp Enclosures

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ARTICLES OF INCORPORATION

OF

R.A. COHEN, D.D.S., P.A.

SECRETAIN SEE, FLORIDA

Theundersigned, who is duly licensed to practice dentistry in the State of Florida, desiring to form a professional corporation in accordance with Chapter 607 of the Florida Statutes and Chapter 621, the Florida Professional Service Corporation Act, adopt the following Articles of Incorporation:

#### ARTICLE I NAME OF CORPORATION

The name of this Corporation shall be:

R. A. COHEN, D.D.S., P.A.

and its principal place of business shall be 1930 Las Colinas Way, Coral Springs, FL 33071.

#### ARTICLE II PURPOSE

The purpose for which the corporation is organized is to practice the profession of dentistry.

# ARTICLE III DURATION

The term of existence of the corporation is perpetual.

#### ARTICLEIV CAPITALSTOCK

Thenumber of shares of stock that the corporation is authorized to have outstanding is 1,000 all of which shall be common shares with par value of \$.01.

#### ARTICLEY REGISTERED OFFICE:

The address of the initial registered office of the corporation in this State is 1930 Las Colinas Way, Coral Springs, FL33071. The initial registered agent at the registered office is RONALD A. COHEN.

#### **ARTICLEVI**

The name and post office address of the incorporator is:

RONALD A. COHEN 1930 Las Colinas Way Coral Springs, FL 33071

> ARTICLEVII DIRECTORS

The business of the corporation shall be managed by the shareholders of the corporation rather than by a Board of Directors.

## ARTICLEVIII COMMENCEMENT OF CORPORATE EXISTENCE

Pursuant to Section 607.167, Florida Statutes, this Corporation shall commence its corporate existence upon filing.

IN WITNESS WHEREOF, we have hereunto subscribed our names this \_\_\_\_\_ day of December, 1996.

RONALD A. COHEN, INCORPORATOR

STATE OF FLORIDA COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared RONALDA COHEN, tomeknown to be the person described as incorporator in and who executed the foregoing Articles of Incorporation and who swore and acknowledged that he executed the foregoing Articles of Incorporation for the purposes therein set forth.

WITNESS my hand and official seal.

\_Notary Public

Print, stamp or type as commissioned

(type of identification)

DEBRA L. PRESTIPINO Notary Public, State of Florida My Comm. expires Dec. 4, 1999 No. CC 515007

Bonded Thru Cifichal Materia Sertin

### CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERV

ALIAN PARENTE Pursuant to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That R.A. COHEN, D.D.S., P.A. desiring to organize under the laws of the State of Florida, with its Registered Office as indicated in the Articles of Incorporation at 1930 Las Colinas Way, Coral Springs, FL 33071 and RONALD A. COHEN as its Registered Agent to accept service of process within this state.

#### **ACKNOWLEDGMENT**

Havingbeen named to accept service of process for the above-stated corporation at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

RONALDA. COHEN, REGISTERED AGENT

**STATEOFFLORIDA** COUNTYOFBROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared RONALDA COHEN, to me known to be the person described as Registered Agent and who executed the foregoing Articles of Incorporation and who swore and acknowledged that he executed the foregoing Articles of Incorporation for the purposes therein set forth.

WITNESSmyhand and official seal.

> DEBRA L. PRESTIPINO tary Public, State of Florida

Print, stamp or type as commissioned

四Personally known to me, or □ Produced Identification:

on the Salah Salah Maria (type of identification)

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