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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY  
CONTACT: RAY STORMONT  
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: ASSOCIATED DENTAL STAFFING, INC.

AUDIT NUMBER.....H97000003250

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

CERT. COPIES.....1

PAGES..... 3

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CERTIFICATE OF INCORPORATION

③

OF

ASSOCIATED DENTAL STAFFING, INC.

FIRST: The name of the corporation is:

ASSOCIATED DENTAL STAFFING, INC.

SECOND: The principal office of the corporation in the State of Florida is to be located in Broward County, Florida, at:

9088 W. ATLANTIC BLVD., SUITE 513  
CORAL SPRINGS, FLORIDA 33071

THIRD: The nature of the business and objects and purposes proposed to be transacted, promoted and carried on, are to do any and all things herein mentioned, as fully and to the same extent as natural persons might or could do, and in any part of the world, viz

"The purpose of the corporation is to engage in any lawful act or activity for which the corporation may be organized under the General Corporation Law of Florida."

FOURTH: The corporation shall have the authority to issue one hundred (100) shares of Common Stock, each share to have \$1.00 Par Value. The shares may be issued for the consideration expressed in dollars as may be fixed from time to time by the Board of Directors.

FIFTH: The name and mailing address of the sole incorporator is as follows:

ROBIN CHAMOFF  
9088 W. ATLANTIC BLVD., SUITE 513  
CORAL SPRINGS, FLORIDA 33071

SIXTH: The name and address of the Designated Resident Agent is:

ROBIN CHAMOFF  
9088 W. ATLANTIC BLVD., SUITE 513  
CORAL SPRINGS, FLORIDA 33071

  
(Signature)

ROBBIN CHAMOFF

H 97000003250

Prepared by: Howard R. Schwartz, CPA  
1500 University Dr. # 817  
Coral Springs, FL 33071  
(954) 752-1153

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CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 607.34, Florida Statutes, the following  
is submitted in compliance with said Act:

FIRST: That ASSOCIATED DENTAL STAFFING, INC.  
desiring to organize under the laws of the State of Florida,  
with the principal office, as indicated in the Articles of  
Incorporation, and located in Broward County, Florida, at:

9088 W. ATLANTIC BLVD., SUITE 513  
CORAL SPRINGS, FLORIDA 33071

has named

ROBBIN CHAMOFF  
9088 W. ATLANTIC BLVD., SUITE 513  
CORAL SPRINGS, FLORIDA 33071

as its agent to accept service of process  
within this State.

SECOND: ACKNOWLEDGMENT (Must be signed by designated Agent)  
Having been named to accept service of process for the above  
named corporation, at the place designated in this Certificate,  
I hereby accept to act in this capacity, and agree to comply  
with the provisions of said Act relative to keeping open said  
office.

By:

*Robbin Chamoff*

(Signature of Registered Agent)

ROBBIN CHAMOFF

(Name Printed or Typed)

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