Pan 000023583

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

Re: Oakridge Crossing Dental Center, Inc. Inc.



Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Mohammad I Khan

000002108580--8 -03/10/97--01097--016 ****122.50 ****122.50

Journal Chan
Oakridge Crossing Dental Center, Inc

MAILING ADDRESS OF CORPORATION

3932 TOWN CENTERBLY

() sland o) F L 32837

PHONE

(407) 240-1503.

Area Code Number Ext.

ARTICLES OF INCORPORATION

10	-	ľ	F-13	f :

	of		for the first
OAKRIDGE CROSSING		NC	97 MAR TO AMII: 10
	(name of corporation)		STREET WILLS TO
The undersigned subscriber(s) to these Art corporation under the laws of the State	ticles of Incorporation, natural of Florida.	person(s) competen	it to contract, hereby form a FLORIDA
	RTICLE I - CORPORATE		
The name of the corporation is:			
OAKRIDGE CROSSING I	DENTAL CENTER, INC	!	
	ARTICLE II - DURATIO	ON .	
This corporation shall exist perpetually	unless dissolved according to	Florida law.	
	ARTICLE III - PURPOS	SE .	
The corporation is organized for the purp United States and the State of Florida.	oose of engaging in any activit	ies or business perm	nitted under the laws of the
	ARTICLE IV - CAPITAL S	тоск	
The corporation is authorized to issue O	ne Thousand sh	ares (1,000) of	NPV
Dollar(s) (\$ NPV) par	value Common Stock, which	h shall be designate	ed "Common Shares."
	INITIAL REGISTERED OF	FFICE AND AGEN	T
The street address of the Initial Registere			
NAME Mohammad I Khan			
ADDRESS 3932 Town Center B	1 vd	<u></u>	
CITY Orlando		ORIDA FL	zıp 32837
The principal office, if known, or the n			211 02 0 0 1
Mohammad I Khan			
NAME OF THE PROPERTY OF THE PR	3 3		
ADDRESS 3932 Town Center B			
CTTY Orlando		ORIDA FL	ZIP 32837
	E VI - INITIAL BOARD OF		
This corporation shall have one increased or diminished from time to ti addresses of the initial director(s) of the	me by the By-Laws, but shal	ll never be less than	er of directors may be either n one (1). The names and
NAME Mohammad I Khan			
ADDRESS 3932 Town Center E	1vd		
CTTY Orlando	ST	ATE FL	ZIP 32837
NAME			
ADDRESS			
CTTY	ST	ATE	ZIP
NAME			
ADDRESS			
•			

STATE

ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME MOHANMAD I KHAN			
ADDRESS 3932 TOWN CENTER BLVD			
CITY ORLANDO	STATE	FL ZIP	32837
NAME			
ADDRESS		***	
стгү	STATE	ZIP	
NAME			
ADDRESS			
спү	STATE	ZIP	
IN WITNESS WHEREOF, the undersigned so day of, 19 <u>97</u> .			is <u>297L</u>
	x Im Tra	3 than	(Seal)
			(Seal)
			(Seal)
	STATE OF FLOA	ZIDA	

* Day *

BLANCA IRIS DIAZ My Commission CC393896 Expires Aug. 23, 1008 Bonded by ANB 800-852-5878

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

97 MAR 10 AM II: 10
TALLAGAS DEED FLORIDA

OAKRIDGE	CROSSING	DENTAL.	CENTER	TNC

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 3932 Town Center Blvd, Orlando, FL 32837

has named Mohammad I Khan

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)