

P97000069075

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

Subject: Davidoff Dental Seminars, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 AUG -8 AM 8:08

Enclosed are the original and one copy of the Articles of Incorporation and a Designation and Acceptance of Registered Agent for the above named Florida Corporation. Also enclosed is a check in the amount of one hundred thirty-one dollars and twenty-five cents (\$131.25) to pay for filing fees and return of a certified copy and certificate.

From: S. Robert Davidoff  
7149 Encina Lane  
Boca Raton, Florida 33433  
561-347-0105

100002261471--2  
-08/08/97--01056--005  
\*\*\*\*131.25 \*\*\*\*131.25

**S. Robert Davidoff, D.M.D., F.A.C.P.**

7015 Beracasa Way, Suite 101  
Boca Raton, FL 33433

RP  
8-11-97

**ARTICLES OF INCORPORATION  
OF  
DAVIDOFF DENTAL SEMINARS, INC.**

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DIVISION OF CORPORATIONS  
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**ARTICLE I. CORPORATE NAME**

The name of the corporation is Davidoff Dental Seminars, Inc.

**ARTICLE II. PRINCIPLE OFFICE**

The principle place of business and mailing address of this corporation is 7149 Encina Lane, Boca Raton, Florida 33433.

**ARTICLE III. CAPITAL STOCK**

The number of shares this corporation is authorized to issue is one thousand (1000).

**ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE**

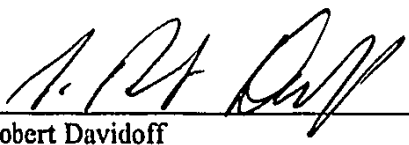
The name and address of the initial registered agent is S. Robert Davidoff , 7149 Encina Lane, Boca Raton, Florida 33433

**ARTICLE V. INCORPORATORS**

The name and street address of the incorporator of these articles of incorporation is

Name	Address
S. Robert Davidoff	7149 Encina Lane, Boca Raton, Florida 33433

The undersigned has executed these articles of incorporation on August 4, 1997

  
\_\_\_\_\_  
S. Robert Davidoff

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

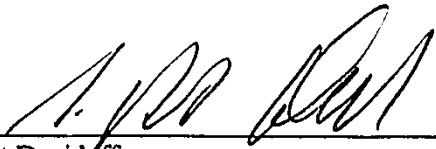
PURSUANT TO THE PROVISIONS OF F. S. 607.0501, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA

1. The name of the corporation is: Davidoff Dental Seminars, Inc.
2. The name and address of the registered agent and office is:

S. Robert Davidoff  
7149 Encina Lane  
Boca Raton, Florida 33433

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STATE OF FLORIDA

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.

  
\_\_\_\_\_  
S. Robert Davidoff  
Date: August 4, 1997