

TRANSMITTAL LETTER

*97000070327*

Department of State  
Division of Corporations  
P.O. Box 637  
Tallahassee, FL 32314

SUBJECT: ADVANCED DENTAL GROUP INC.  
(Proposed corporate name - must include suffix)

500002266515--7  
-08/14/97--01006--002  
\*\*\*\*122.50 \*\*\*\*122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM

R. J. J. J. J. J.

Name (Printed or typed)

3216 Starning Road

Address

Tallahassee, FL 32309

City, State & Zip

893 3111 0

Daytime Telephone number

*Call When  
Ready  
906-9440*

*8/14*

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

RECEIVED  
97 AUG 13 PM 4:35  
TALLAHASSEE, FLORIDA

FILED  
97 AUG 13 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
of

ADVANCED DENTAL GROUP INC.

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation.

Article 1. The name of the Corporation is:

ADVANCED DENTAL GROUP INC.

Article 2. The principal place of business and mailing address of this corporation is:

2534 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL.  
32308

Article 3. The corporation is authorized to issue one class of stock, that stock being 1,000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4. The name and address of the corporation's initial registered agent is:

RALPH D. MONTALVO, 3216 STORRINGTON DR.  
Tallahassee, Fl. 32308

Article 5. The name and street address of the incorporator of this corporation is:

RALPH D. MONTALVO, 3216 STORRINGTON DR.  
Tallahassee, Fl. 32308

Article 6. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the foregoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

8/13/97  
Date

  
Signature of Incorporator

Ralph Montalvo  
Name of Incorporator

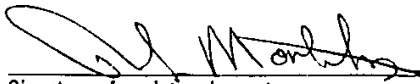
CERTIFICATE OF DESIGNATION  
OF  
REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

Ralph Montalvo  
Name  
3216 Storrington Dr.  
Street address  
Tallahassee, FL. 32308  
City/State/ZIP

Having been named as the 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.

  
Signature of registered agent.  
8/13/97  
Date of signature

FILED  
97 AUG 13 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA