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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002235

FAX #: (305)716-0346

NAME: MILLENNIUM DENTAL GROUP, INC.

AUDIT NUMBER.....H9800000264

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

CERT. OF STATUS..1

PAGES..... 3

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ARTICLES OF INCORPORATION
OF

MILLENIUM DENTAL GROUP, INC.

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ARTICLE I NAME

The name of the corporation shall be:

MILLENIUM DENTAL GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of
this corporation shall be:

MILLENIUM DENTAL GROUP, INC.

1565 SE CROWBERRY

PT ST LUCIE, FL 34983

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is
authorized to have outstanding at any one time is:

ONE THOUSAND (1000)

Prepared by:
Triple Check Income Tax Service
8506 Delaware Avenue
Ft. Pierce, Fl 34947
(561) 461-5987

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ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

GAIL NAIMO

1565 SE CROWBERRY

PORT ST LUCIE, FL 34983

ARTICLE V INCORPORATOR

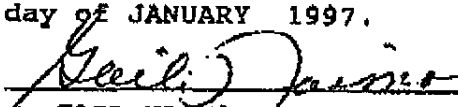
The name and street address of the incorporator to these Articles of Incorporation is:

GAIL NAIMO

1565 SE CROWBERRY

PORT ST LUCIE, FL 34983

The undersigned has executed these Articles of Incorporation this 6TH day of JANUARY 1997.


GAIL NAIMO, Incorporator

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, 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:

MILLENIUM DENTAL GROUP, INC.

2. The name and address of the registered agent and office is:

GAIL NAIMO

1565 SE CROWBERRY

PT ST LUCIE, FL. 34983

Signature:

Gail H. Naimo
REGISTERED AGENT

Title:

JANUARY 6, 1998

Date:

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.

Signature:

Gail H. Naimo
Date: JANUARY 6, 1998

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