

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P98000002796

Ancient City Dental, P.A

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CORPORATIONS

98 JAN 12 AM 9:53

☒ Art of Inc. File Photo
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File 600002396376--6
☐ Fictitious Name File 01/12/98--01003--008
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☒ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

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DIVISION OF CORPORATION

Signature _____

Requested by: CD

Name _____

Date 1-12-98

Time 12:00

Walk-In _____

Will Pick Up _____

RP

01-12-98

ARTICLES OF INCORPORATION

OF

ANCIENT CITY DENTAL, P. A.

ARTICLE I - NAME

The name of the corporation shall be Ancient City Dental, P. A.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 10
Dolphin Dr., St. Augustine, Florida 32084.

ARTICLE III - NATURE OF BUSINESS

The nature of business of this corporation shall be the practice of dentistry.

ARTICLE IV - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at
any one time is five thousand (5000) shares.

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

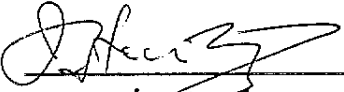
The name and Florida street address of the initial registered agent are I. Steven Krup
(Florida Bar Number 168549), 220 N. E. 10 Ave., Hallandale, Florida 33009.

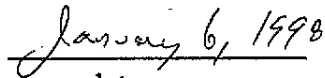
ARTICLE VI - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are I. Steven

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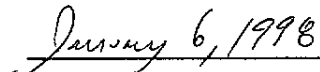
Krup, 220 N. E. 10 Ave., Hallandale, Florida 33009


signature incorporator


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 registered agent


date

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

ANCIENT CITY DENTAL, P. A.

Pursuant to the provisions of Section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is Ancient City Dental, P. A.
2. The name and street address of the registered agent and office are I. Steven Krup, 220 N. E. 10 Ave., Hallandale, Florida 33009

HAVING BEEN NAMED 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.

 January 6, 1998
REGISTERED AGENT
I. Steven Krup

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