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TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: EMPIRE CORPORATE KIT COMPANY  
CONTACT: RAY STORMONT  
PHONE: (305) 541-3694

ACCT#: 072450003255

FAX #: (305) 541-3770

NAME: NAPLES DENTAL WELLN7 ~~NAPLES DENTAL WELLNESS~~

AUDIT NUMBER.....H98000003687

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

CERT. OF STATUS..0

PAGES..... 4

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ARTICLES OF INCORPORATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NAPLES DENTAL WELLNESS INSTITUTE, INC.

The undersigned incorporator, a natural person competent to contract, hereby forms and establishes a corporation under laws of the State of Florida.

ARTICLE I. NAME

The name of this corporation is: NAPLES DENTAL WELLNESS INSTITUTE, INC.

ARTICLE II. NATURE OF BUSINESS

The purpose for which this corporation is formed is to transact any and all lawful business for which a corporation may be incorporated under Chapter 607, Florida Statutes.

ARTICLE III. CAPITAL STOCK

The aggregate number of shares of stock which this corporation shall have authority to issue is: Seven Thousand Five Hundred (7,500) shares of common stock having a par value of One Dollar (\$1.00) per share.

ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered agent of the corporation is: 4444 Tamiami Trail North, Suite 6, Naples, Florida 34103, and the name of its initial registered agent at such address is MARK STITES.

Prepared by: Mark Stites  
4444 N. Tamiami Trail Suite 6  
Naples, FL 34104 (813) 598-4555

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ARTICLE V. DIRECTORS

The corporation shall have one (1) director initially.  
The name and post office address of the director is:


1. MARK STITES, 4444 Tamiami Trail North, Suite 6, Naples  
Florida 34103.

ARTICLE VI INCORPORATOR

The name of the incorporator is MARK STITES and the  
address of said incorporator is: 4444 Tamiami Trail North,  
Suite 6, Naples, Florida 34104.

ARTICLE VII PRINCIPAL PLACE OF BUSINESS

The street address of the principal place of business of  
the corporation is: 4444 Tamiami Trail North, Suite 6, Naples,  
Florida 34103.

  
\_\_\_\_\_  
MARK STITES  
Incorporator

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

That NAPLES DENTAL WELLNESS INSTITUTE, INC., desiring to organize under the laws of the State of FL, with its principal office, as indicated in the Articles of Incorporation at City of NAPLES County of Collier, State of Florida, has named MARK STITES located at 4444 Tamiami Trail N., Suite 6, City of Naples, County of Collier, State of Florida, as its agent to accept service of process within this state.

#### ACKNOWLEDGEMENT

Having been named to accept service of process for the above state corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

  
MARK STITES

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