

P98000024499

TRANSMITTAL LETTER

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

SUBJECT: LBS MEDICAL + DENTAL CENTER, Inc.
(Proposed corporate name - must include suffix)

200002457312--1
-03/13/98--01119--010
****131.25 ****131.25

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:

Dr. Louis Miele

Name (printed or typed)

220 COMMERCIAL BLD

Address

LAUDERDALE BEACH, FL 33308

City, State & Zip

(954) 491-8000

Daytime Telephone number

FILED
98 MAR 13 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Q13-1698

ARTICLES OF INCORPORATION
OF

LBS Medical & Dental Center, Inc.

ARTICLE I - NAME

The name of this corporation is:

LBS Medical & Dental Center, Inc.

ARTICLE II - DURATION

This corporation shall have perpetual existence commencing upon the filing of these Articles.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100 shares of \$1.00 par value common stock which shall be designated "Common Shares."

ARTICLE V - PRE-EMPTIVE RIGHTS

The shareholders of the corporation shall have no pre-emptive right to acquire unissued or treasury shares of the corporation.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 220 Commercial Blvd., Lauderdale By-The-Sea, FL 33308, and the name of the initial registered agent of this corporation at that address is Dr.Louis Miele.

ARTICLE VII - PRINCIPAL OFFICE

The principal office of the Corporation is located at 220 Commercial Blvd., Lauderdale By-The-Sea, FL 33308.

FILED
98 MAR 13 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have one Director constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time by the Bylaws. The name and address of the sole member of the initial Board of Directors of this corporation is:

NAME

Dr.Louis Miele

ADDRESS

220 Commercial Blvd.
Lauderdale by-the-Sea,FL.33308

ARTICLE IX- INCORPORATORS

The name and address of the incorporator is:

NAME

Dr.Louis Miele

ADDRESS

220 Commercial Blvd.
Lauderdale By-The-Sea, FL 33308

ARTICLE X - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XI - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto; and any right conferred upon the shareholders is subject to this reservation.


Signature & Title

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

PURSUANT TO THE PROVISIONS OF SECTION 617, 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:

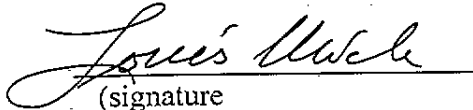
LBS Medical & Dental Center, Inc.

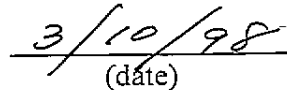
2. The name and address of the registered agent and office is:

**DR. LOUIS MIELE
220 Commercial Blvd.
Lauderdale by-the-sea, Florida 33308**

**FILED
98 MAR 13 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, 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.


(signature)


(date)