

TRANSMITTAL LETTER

P 98 000028001

FILED
98 MAR 25 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-03/25/98--01032--005
****131.25 ****131.25

SUBJECT: ALASAR DENTAL ASSOCIATES P.A.
(Proposed corporate name - must include suffix)

3

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: STEVEN LAWRENCE ALEXANDER DDS
Name (Printed or typed)

11726 QUAIL VILLAGE WAY
Address

NAPLES, FL 34119
City, State & Zip

941-514-3924
Daytime Telephone number

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F. CHESSEY MAR 26 1998

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALASAR DENTAL ASSOCIATES P.A.

ARTICLE II PRINCIPAL OFFICE

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

950 N. COLLIER BLVD.
MARCO ISLAND, FL 33969

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

STEVEN ALEXANDER DDS
11726 QUAZL VLLAGE WAY
NAPLES, FL 34119

ARTICLE V INCORPORATOR

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

STEVEN ALEXANDER DDS
11726 QUAZL VLLAGE WAY
NAPLES, FL 34119

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FI Myod DDS

Signature/Incorporator

MARCH 20, 1998

Date

(An additional article must be added if an effective date is requested.)

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

FI Myod DDS

Signature/Registered Agent

MARCH 20, 1998

Date

STEVEN L. ALEXANDER
11726 QUAIL VILLAGE WAY
NAPLES, FL 34119

PURPOSE FOR P.A.

TO PRACTICE GENERAL DENTISTRY
IN THE STATE OF FLORIDA.

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