CAPITAL CONNECTION, INC.

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

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

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TO SERVICION OF THE PROPERTY O

Dental and Orthodontic Consultants, In	 -
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Signature Requested by: Name 4-5-98 O:4 Time	9

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 Foreign Corp. File	.e.=
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 Trade/Service Mark	_•
 Merger File	ः स
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 RA Resignation	
 Dissolution / Withdrawal	· .4
 Annual Report / Reinstatement	5.
 Cert. Copy	-
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 Vehicle Search	
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ARTICLES OF INCORPORATION

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OF

DENTAL AND ORTHODONTIC CONSULTANTS, INC.

The undersigned, acting as incorporator of a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation for such corporation:

- 1. The name of the corporation is DENTAL AND ORTHODONTIC CONSULTANTS, INC.
 - 2. The period of its duration is perpetual.
- 3. The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.
- 4. The corporation shall have the authority to issue 10,000 shares of common stock, all of one class, \$1.00 par value each.
- 5. The address of its initial registered office is 516 South Dillard Street, Winter Garden, Florida 34787, and the name of its initial Registered Agent at said address is Robert T. Ogden.
- 6. The address of the principal business office and mailing address in the State of Florida is 516 South Dillard Street, Winter Garden, Florida 34787.
- 7. The number of Directors constituting its initial Board of Directors is two (2) whose names and addresses are as follows:

Robert T. Ogden 516 South Dillard Street Winter Garden, Florida 34787

Jan M. Anderson 516 South Dillard Street Winter Garden, Florida 34787

8. The name and address of the incorporator is:

Robert T. Ogden 516 South Dillard Street Winter Garden, Florida 34787

9. The effective date of Incorporation shall be the date of filing with the Secretary of State.

Date: 4-14-98

PORRET T MCDEN

The foregoing instrument was acknowledged before me this // day of ________, 1998, by ROBERT T. OGDEN, and who:

() produced Florida driver's license(s) as identification.

() produced _______ as identification.

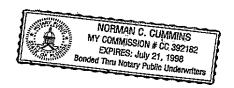
REGISTERED AGENT ACCEPTANCE

Having been named as Registered Agent to accept service of process for the above referenced corporation, at the place designated in the Articles of Incorporation, I hereby accept the appointment as Registered Agent, and I am familiar with and agree to comply with the provisions of the said Act relative to the obligations of that position and keeping open said office.

ROBERT T. OGDEN

Notary Public

(dental.ART)



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