P98000037648

TRANSMITTAL LETTER

FILED
98 APR 27 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: PRIME CARE DENTAL CENTER, P.A.
(Proposed corporate name - must include suffix)
~~DBA: MARY ROSE ALON-ALON, D.D.S. P.A.~~

000002462410---8
-03/19/98--01082--011
*****78.75 *****78.75

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: MARY ROSE ALON-ALON, D.D.S.
Name (Printed or typed)

5652 ~~5747~~ TIMUQUANA ROAD
Address

JACKSONVILL, FL. 32210
City, State & Zip

904- 777-1112 (904) 777-5444
Daytime Telephone number

(5)

WG8-6302
WG8-8797

MAR 20 1998

P. Hall

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

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 20, 1998

MARY ROSE ALON-ALON, D.D.S.
5747 TIMUQUANA RD
JACKSONVILLE, FL 32210

SUBJECT: PRIME CARE DENTAL CENTER, P.A.
Ref. Number: W98000008797

We have received your document for PRIME CARE DENTAL CENTER, P.A. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 698A00021141

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 20, 1998

MARY ROSE ALON-ALON, D.D.S.
5747 TIMUQUANA RD
JACKSONVILLE, FL 32210

SUBJECT: PRIME CARE DENTAL CENTER, P.A.
Ref. Number: W98000006302

We have received your document for PRIME CARE DENTAL CENTER, P.A. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The designation of the registered agent must be at a Florida street address.

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 198A00015203

April 23, 1998

To: Pam Hall
Department of State

Dear Pam:

Please find enclosed, the forms for my application.

If you have any questions, please contact me at (904) 777-5444.

Thank you very much for your cooperation.

Sincerely,

Mary Rose Alon-Alon, D.D.S.

FILED

98 APR 27 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PRIME CARE DENTAL CENTER, P.A.

ARTICLE II PRINCIPAL OFFICE

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

5652 TIMUQUANA ROAD
JACKSONVILLE, FL. 32210

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DR. MARY ROSE ALON-ALON, D.D.S.
5652 Timuquana Road
Jacksonville, Fl. 32210

ARTICLE V INCORPORATOR

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

DR. MARY ROSE ALON-ALON, D.D.S.
5652 TIMUQUANA ROAD
JACKSONVILLE, FL. 32210

Mary Rose Alon-Alon 4-23-98 3/17/98

Signature/Incorporator **Date**

ARTICLE VI Addendum

PURPOSE: NATURE OF BUSINESS: Practice of Dentistry and Oral Medicine

(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.

Mary Rose Alon-Alon 4-23-98 3/17/98

Signature/Registered Agent **Date**