148000040 Michael C. Becker & Co. 1897 Palm Beach Lakes Blvd.

Certified Public Accountants

Suite 210 West Palm Beach, Florida 33409

West Palm Beach (561) 689-4093 Boca Raton (561) 391-0945 Miami (305) 266-6691 Fax (561) 697-4359

TRANSMITTAL LETTER

4/27/98

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

Subject:

Hialeah-Miami Lakes Dental Health Center, Inc.

Enclosed please find the original Articles of Incorporation and one copy for the above corporation, and a check in the amount of \$70.00

Also enclosed, is a stamped, self-addressed envelope so that you may return to me a confirmation of the filing.

Should you require any further information, please do not hesitate to contact me.

Sincerely,

Carolyn M. Becker, CPA, MBA

CMB/lfc Enc.

ARTICLES OF INCORPORATION

 \mathbf{OF}

HIALEAH-MIAMI LAKES DENTAL HEALTH CENTER, INC.

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: Hialeah-Miami Lakes Dental Health Center, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

11201 S.W. 60th Court Pinecrest, FL 33156

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Hundred (100).

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Juan C. Erro, DDS 11201 S.W. 60th Court Pinecrest, FL 33156

ARTICLE V - INCORPORATOR

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

Juan C. Erro, DDS 11201 S.W. 60th Court Pinecrest, FL 33156

| The | undersigned | has | executed | these | Articles | of | Incorporation |
|-----|-------------|-----|----------|-------|----------|----|---------------|
| | | | | , | 1 / | / | |

Júan C. Erro

TITLE: Director

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

- 1. The name of the corporation is: Hialeah-Miami Lakes Dental Health Center, Inc.
- 2. The name and address of the registered agent and office is:

Juan C. Erro, DDS 11201 S.W. 60th Court Pinecrest, FL 33156

SIGNATURE:

Juan C. Erro

TITLE: Director

DATE: April 27, 1998

SECRETARY OF STATE
//SION OF CORPORATIONS

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:

Juan/C. Erro

DATE: April 27, 1998

REGISTERED AGENT FILING FEE: \$35.00