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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: FLORIDA MOBIL DENTAL SERVICE, INC.

AUDIT NUMBER.....H98000009082

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 5

CERT. COPIES.....1

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TALLAHASSEE, FLORIDA

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**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

May 14, 1998

EMPIRE

SUBJECT: FLORIDA MOBIL DENTAL SERVICE, INC.  
REF: W98000010988

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan  
Document Specialist

FAX Aud. #: H98000009082  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
FLORIDA MOBIL DENTAL SERVICE, INC.

We the undersigned incorporate for the purpose of becoming a corporation under the laws of the State of Florida, providing for the formation, rights, privileges, immunities - and liabilities of incorporation for profit and subject to the following provisions.

ARTICLE I

The name of the corporation shall be:  
FLORIDA MOBIL DENTAL SERVICE, INC.

ARTICLE II

This corporation shall have perpetual existence.

ARTICLE III

This corporation is organized with the purpose to engage -  
in the transaction of dental service, etc. -----  
-----  
and all other lawfull activities of business permitted under the laws of the State of Florida and of the United ---  
States of America.

ARTICLE IV

The agregate maximum number of shares which this corpora--  
tion shall have authority to issue and have outstanding at  
anyone time is: One Hundred Shares at One Dollar Value.

ARTICLE V

This corporation shall begin business with no less than --  
One Hundred Dollars.

ARTICLE VI

The post office address of the principal office of this --  
corporation shall be: 8004 N.W. 154 Street, Miami Lakes,  
Florida 33016.

Prepared By:  
Jose C. Jimenez, B.B.A.(Accountant)  
454 N.W. 22nd Avenue, Suite 209  
Miami, Florida 33125, Tel.. (305)541-4714

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ARTICLE VII

The name and address of the initial Registered Office of --  
this corporation in the State of Florida is:

Eladio M. Hernandez  
8004 N.W. 154 Street  
Miami Lakes, Florida 33016

ARTICLE VIII

The business of the corporation shall be managed by a Board  
of Directors. The number of Directors, no less than one, no  
more than five and shall be fixed by resolution of the ----  
stockholders at regular or special meetings, subject to the  
manner of holding such meetings prescribed by the by-laws.

ARTICLE IX

The name and post office address of the members of the Board  
of Directors who shall serve as members thereof, are as ----  
follows:

NAME	OFFICE	ADDRESS
Eladio M. Hernandez	President and Secretary	8004 N.W. 154 Street Miami Lakes, Fla. 33016

ARTICLE X

Distribution to incorporators is as follows:

Eladio M. Hernandez	100 Shares	\$ 100.00 Value
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ARTICLE XI

Each stockholder before offering to sell or otherwise dispose  
of the stock of this corporation, owned by him first offer --  
such stock to the remaining stockholders of this corporation  
and obtaining their refusal to purchase same, proceed to sell  
at the fair market value thereof.

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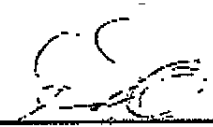
ARTICLE XII

Amendments to the Articles of Incorporation, merger, consolidations or dissolution shall be approved and submitted to the stockholders for approval 100% of all votes will be necessary and thirty days notice shall be provided.

ARTICLE XIII

This corporation shall have full power to carry on and transact each or all business enumerated in Article III of this -- Articles of Incorporation. Shall have all the general and --- additional powers now conferred upon it by the laws and the - by-laws.

IN WITNESS THEREOF, we the undersigned, have made subscribed and acknowledged these Articles of Incorporation, on this -- 12th Day of May 1998.

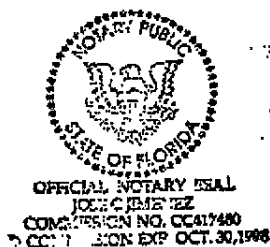
  
Eladio M. Hernandez-Incorporator  
8004 N.W. 154 Street  
Miami Lakes, Fla. 33016

STATE OF FLORIDA     )  
                              )  
COUNTY OF DADE     )

Before me the undersigned authority duly authorized to administer oath and take acknowledgement, personally appeared --- ELADIO M. HERNANDEZ -----

who after first being duly sworn, executed the foregoing ---- ARTICLES OF INCORPORATION, freely and voluntarily for the --- purpose therein expressed.

IN WITNESS THEREOF I have hereunto set my hand and official - seal at Miami, said County and State, this 12th Day of May 1998.



  
NOTARY PUBLIC, State of Florida at  
large.

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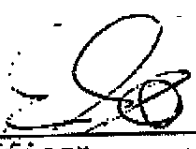
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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT=REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

The name of the Corporation is FLORIDA MOBIL DENTAL SERVICE, INC.

The name and address of the Registered Agent and office is Eladio M. Hernandez, 8004 N.W. 154 Street, Miami Lakes Florida 33016.

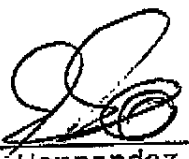
  
\_\_\_\_\_  
Corporate Officer

Title: President

Dated: May 12, 1998.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and further -- agree, to comply with the provisions of all statutes relative to the proper and complete performance of my duties; and --- accept the duties and obligations of section 607.325., Florida Statutes.

  
\_\_\_\_\_  
Eladio M. Hernandez, Registered Agent accepting office.

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