

P9800006557H



ACCOUNT NO. : 072100000032

REFERENCE : 899014 7160100

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : July 21, 1998

ORDER TIME : 2:11 PM

ORDER NO. : 899014-005

CUSTOMER NO: 7160100

CUSTOMER: Mr. David J. Osborne
DENT MASTER OF FLORIDA, INC.

6340-b 49th Street North

Pinellas Park, FL 33781

600002594546-4
-07/21/98-01097-009
*****70.00 *****70.00

DOMESTIC FILING

NAME: ~~DENT MASTER OF FLORIDA, INC.~~

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Brenda Phillips

EXAMINER'S INITIALS:

2541
W98-16628

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 21 AM 11:50

FILED
98 JUL 21 PM 2:37
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

98 JUL 27 AM 10:39
DIVISION OF CORPORATIONS

July 22, 1998

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: DENT MASTER OF FLORIDA, INC.
Ref. Number: W98000016628

RESUBMIT

Please give original
submission date as file date.

We have received your document for DENT MASTER OF FLORIDA, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 198A00038718

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 21 AM 11:50

ARTICLES OF INCORPORATION

OF

DENT MASTER OF TAMPA BAY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 21 AM 11:50

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

ARTICLE I NAME

The name of the corporation shall be:

DENT MASTER OF TAMPA BAY, INC.

ARTICLE II PRINCIPAL OFFICE

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

6340-B 49th Street North, Pinellas Park, Florida 33781

ARTICLE III SHARES

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

One Hundred (100) shares of One Dollar (\$1.00) par value Common Stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dave Osborne, 1274 Robin Hood Lane, Dunedin, Florida 34698

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Dave Osborne, 1274 Robin Hood Lane, Dunedin, Florida 34698

ARTICLE VI BOARD OF DIRECTORS

This corporation shall have 1 director initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than 1.

Dave Osborne, 1274 Robin Hood Lane, Dunedin, Florida 34698

ARTICLE VII AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

The undersigned incorporators have executed these Articles of Incorporation this 17 day of July, 1996 A.D.

Dave Osborne
Dave Osborne, Pres.

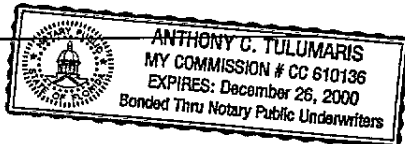
STATE OF FLORIDA

COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this July 17 1996, by Dave Osborne who is personally known to me or who have produced Driver's License as identification and who did not take an oath.

My commission expires:

Anthony C. Tulumaris
Notary



Name of Acknowledger Typed, Printed

Title or Rank

Serial Number, If Any

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

1. The name of the corporation is: DENT MASTER OF TAMPA BAY, INC.

2. The name and address of the registered agent and office is:

Dave Osborne

(Name)

1274 Robin Hood Lane

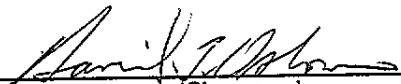
(P.O. Box not acceptable)

Dunedin, Florida 34698

(City/State/Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 21 AM 11:50

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)

7/17/98
(Date)