

*Handwritten:* P9800066 988

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.  
 (Requestor's Name)  
 3320 S.W. 87th AVENUE  
 (Address)  
 MIAMI, FLORIDA (305)552-5973  
 (City, State, Zip) (Phone #)  
 LOCAL REPRESENTATIVE TALLAHASSEE

300002601443--8  
 -07/29/98--01050--022  
 \*\*\*\*245.00 \*\*\*\*122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ANITA PANDEY, D.M.D. AND ASSOCIATES, P.A.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in   
  Pick up time 2:00   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED FILED  
 98 JUL 29 AM 11:01 98 JUL 30 PM 3:25  
 DIVISION OF CORPORATIONS SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

*Handwritten:* P.A. [Signature]

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 29, 1998

LAZARUS

MIAMI, FL

SUBJECT: ANITA PANDEY, D.M.D. AND ASSOCIATES, P.A.  
Ref. Number: W98000017233

We have received your document for ANITA PANDEY, D.M.D. AND ASSOCIATES, P.A.. However, the document has not been filed and is being returned for the following:

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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 398A00039877

RECEIVED  
98 JUL 30 PM 3:10  
DIVISION OF CORPORATION

# ARTICLES OF INCORPORATION

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.

FILED  
98 JUL 30 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

Anita Pandey, D.M.D. and Associates, P.A.  
The specific nature of business is: DENTISTRY

## ARTICLE II PRINCIPAL OFFICE

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

416 Santander Suite D  
Coral Gables, FL 33134

## 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 address of the initial registered agent is:

Anita Pandey D.M.D.  
416 Santander Suite D  
Coral Gables, FL 33134

ARTICLE V INCORPORATOR(S)

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

Anita Pandey  
416 Santander Suite D  
Coral Gables, FL 33134

ARTICLE VI DIRECTOR(S)

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

Anita Pandey  
416 Santander Suite D  
Coral Gables, FL 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 23 day of 7, 1998.

Anita Pandey  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35



~~CERTIFICATE OF DESIGNATION~~  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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: Anita Pandey, D.M.D.  
and ASSOCIATES, P.A.
  
2. The name and address of the registered agent and office is:  
Anita Pandey, D.M.D.  
(NAME)  
416 Santander, Suite D  
(P.O. BOX NOT ACCEPTABLE)  
Coral Gables, FL 33134  
(CITY/STATE/ZIP)

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 Anita Pandey

DATE 7-23-98

REGISTERED AGENT FILING FEE: \$35.00

**FILED**  
98 JUL 30 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA