

P98000078850

Robert Woolfolk, Esp.

Requestor's Name

P.O. Box 1116

Address

Tallahassee, FL 32302

City/State/Zip

Phone #

Office Use Only

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

1. Institutional Debt Management, P.A.

(Corporation Name)

(Document #)

200002637712--5

-09/11/98--01089--004

2.

(Corporation Name)

(Document #)

****122.50 ****122.50

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time

☒ 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

FILED
98 SEP 11 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
98 SEP 11 PM 3:24
DIVISION OF CORPORATION

T. SMITH SEP 11 1998

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
INSTITUTIONAL DENTAL MANAGEMENT, P.A.
A PROFESSIONAL CORPORATION**

FILED
98 SEP 11 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, all of whom are duly licensed to practice dentistry in the State of Florida, desiring to form a professional corporation in accordance with Chapter 607 of the Florida Statutes and the Florida Professional Service Corporation Act, adopt the following Articles of Incorporation:

ARTICLE ONE

NAME

1.01. The name of this Corporation shall be Institutional Dental Management, P.A.

ARTICLE TWO

REGISTERED OFFICE AND AGENT

2.02 The location and address of the Corporation's initial registered office in Florida is 3571 Gardenvue Way, Tallahassee, Florida 32308, Leon County. The initial registered agent at the registered office is Robert Woolfork, Esq., 317 East Park Avenue, Tallahassee, Florida 32301-1513.

ARTICLE THREE

PURPOSE

3.01. The purpose for which the Corporation is organized shall be engage in the practice of dentistry and dental management within the State of Florida, and other jurisdictions as determined by the Board of Directors to take all actions that are necessary or proper in connection with the practice or dental management.

ARTICLE FOUR

DURATION

4.01. The term of existence of the Corporation is perpetual.

ARTICLE FIVE

PROFESSIONAL SERVICES

5.01. The professional services of the Corporation shall be rendered only through officer, employees, and agents who are duly licensed or otherwise legally authorized to practice dentistry within the State of Florida or other jurisdictions as determined by the Board of Directors. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this Corporation, acting through its duly elected officers. This provision shall not be applicable to the extent it is in conflict with the law or the professional rules of dental practice.

ARTICLE SIX

INCORPORATORS

6.01. The name and post office addresses of the incorporators are:

<u>Name</u>	<u>Address</u>
Edward R. Scott, II, D.M.D.	1100 East Tennessee St., Ste.A Tallahassee, Florida 32308
William J. Byland, DDS, CCHP	3571 Gardenview Way Tallahassee, Florida 32308
Thomas E. Shields, II, DDS, CCHP	3571 Gardenview Way Tallahassee, Florida 32308

ARTICLE SEVEN

DIRECTORS

7.01. The Board of Directors shall consist of three (3) members. The names and addresses of the first Board of Directors are:

<u>Name</u>	<u>Address</u>
Edward R. Scott, II, D.M.D.	1100 East Tennessee St., Ste.A Tallahassee, Florida 32308
William J. Byland, DDS, CCHP	3571 Gardenview Way Tallahassee, Florida 32308
Thomas E. Shields, II, DDS, CCHP	3571 Gardenview Way Tallahassee, Florida 32308

ARTICLE EIGHT

CAPITAL STOCK

8.01. The number of shares of stock that the Corporation is authorized to have outstanding is one thousand (1,000.00), all of which shall be common share with par value of ten (\$10.00) dollars.

ARTICLE NINE

STATE CAPITAL

9.01. The amount of capital with which the Corporation shall begin business is ten thousand (\$10,000.00) dollars.

ARTICLE TEN

AMENDMENT OF ARTICLES

10.01. The Corporation reserves the right to amend these Articles of Incorporation at any time in a manner now or subsequently permitted by statute. Any change authorized by the

holders of shares entitling them to exercise a majority of the voting power of the Corporation, or any greater number that may then be required by statute, shall be binding and conclusive on every shareholder of the Corporation as fully as if each shareholder had voted for the change. No shareholder, notwithstanding that he or she may have voted against the amendment of the fair cash value of his or her shares or any other rights of a dissenting shareholder.

IN WITNESS WHEREOF, we have signed these Articles of Incorporation on date indicated below.



Edward R. Scott, II, D.M.D.

Lic. No.: 8400

Date: 6/5/98



William J. Byland, D.D.S., CCHP

Lic. No.: 206793

Date: 7-27-98



Thomas E. Shields, II, D.D.S., CCHP

Lic. No.: 10161

Date: July 3, 1998

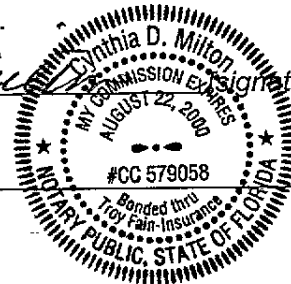
STATE OF FLORIDA
COUNTY OF LEON

On 6/5/98 [date], before me Cynthia D. Milton [Notary Public], the undersigned officer, personally appeared Edward R. Scott, II, D.M.D., known to me to be the person whose name is subscribed to this document or provided identification and acknowledged that he executed the document for the purposes contained within it.

ID#: _____

IN WITNESS WHEREOF, I sign here and set my official seal.

Cynthia D. Milton [signature]
NOTARY PUBLIC
My Commission Expires: _____



Tennessee
STATE OF FLORIDA
COUNTY OF Williamson

On 7-21-98 [date], before me Carrie Wilson [Notary Public], the undersigned officer, personally appeared William J. Byland, DDS, CCHP, known to me to be the person whose name is subscribed to this document or provided identification and acknowledged that he executed the document for the purposes contained within it.

ID#: _____

IN WITNESS WHEREOF, I sign here and set my official seal.

Carrie Wilson [signature]
NOTARY PUBLIC

My Commission Expires: May 06, 2002

STATE OF FLORIDA
COUNTY OF LEON

On 7/3/98 [date], before me JOHN J NASH III [Notary Public], the undersigned officer, personally appeared Thomas E. Shields, II, DDS, CCHP, known to me to be the person whose name is subscribed to this document or provided identification and acknowledged that he executed that document for the purposes contained within it.

ID#: _____

IN WITNESS WHEREOF, I sign here and set my official seal.

John J. Nash III [signature]
NOTARY PUBLIC
My Commission Expires: _____



John J. Nash, III
MY COMMISSION # CC641574 EXPIRES
April 24, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

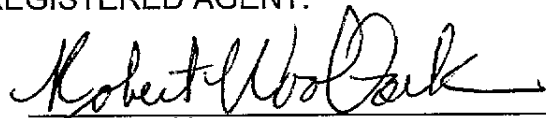
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 607 of the Florida Statutes and the Florida Professional Service Corporation Act, 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, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is: Institutional Dental Management, P.A.
2. The name and address of the registered agent and office is:

The Woolfork Law Firm
Robert Woolfork,, Esq.
317 East Park Avenue
Tallahassee, Florida 32301-1513
(850) 224-9887

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.



ROBERT WOOLFORK, ESQ.

13 August 98

(Date)

scottainc.pro

FILED
98 SEP 11 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA