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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

**FLORIDA PROFIT CORPORATION OR P.A.**

**ON SITE DENTAL SPECIALIST, INC.**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**

**On Site Dental Specialist, Inc.**

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

**ARTICLE I. NAME**

The name of the corporation shall be:

On Site Dental Specialist, Inc.

The principal place of business of this corporation shall be:

13420 Colonial Blvd., #227  
Ft. Myers, Florida 33912

**ARTICLE II NATURE OF BUSINESS**

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

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

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

Prepared by: Dr. Manuel Abreu  
13420 Colonial Blvd., #227  
Ft. Myers, FL 33912  
Phone: 305 829-0654

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Dr. Manuel Abreu  
13420 Colonial Blvd. #227  
Ft. Myers, Fl 33912

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Dr. Manuel Abreu  
13420 Colonial Blvd. #227  
Ft. Myers, Fl 33912

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 5th day of November, 1998.

Signature(s) of Incorporator(s)

  
Dr. Manuel Abreu

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

Pursuant to the provisions of Section 607.324, 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:

On Site Dental Specialist, Inc.

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

Dr. Manuel Abreu  
13420 Colonial Blvd. #227  
Ft. Myers, Fl 33912

SIGNATURE

  
Dr. Manuel Abreu

TITLE

Director

DATE

11/05/98

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 I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

  
Dr. Manuel Abreu

DATE

11/05/98

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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