

11/05/98
P9800094210

Charter Number Only

VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

800002681888--2

-11/05/98--01005--015

*****78.75 *****78.75

MOBILE DENTISTRY CORPORATION

FILED
98 NOV - 5 AM 10:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- | | | |
|-------------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reservation | <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies |
| <input type="checkbox"/> Certificate Under Seal | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> After 4:30 | <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait |
| <input type="checkbox"/> Mail Out | <input checked="" type="checkbox"/> Pick Up | |

| |
|----------------|
| Name |
| Availability |
| Document |
| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

CERTIFIED COPY

RECEIVED
98 NOV - 6 AM 9:41
DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

Mobile Dentistry Corporation

(name of corporation)

FILED
98 NOV -6 AM 10:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Mobile Dentistry Corporation**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One thousand shares (1000) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

| | | | |
|---------|----------------------------|---------|------------------|
| NAME | <u>Kerry D. Smith, DMD</u> | | |
| ADDRESS | <u>9757 NW 41 street</u> | | |
| CITY | <u>Miami</u> | FLORIDA | ZIP <u>33178</u> |

The principal office, if known, or the mailing address of the corporation is:

| | | | |
|---------|--------------------------------------------|--|--|
| NAME | <u>Mobile Dentistry Corporation</u> | | |
| ADDRESS | <u>9757 N.W. 41 street Miami, FL 33178</u> | | |

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

| | | | |
|---------|---------------------|-------|-----------|
| NAME | Kerry D. Smith, DMD | | |
| ADDRESS | 6531 NW 112 Place | | |
| CITY | Miami | STATE | FL |
| | | | ZIP 33178 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| | | | |
|---------|---------------------|-------|-----------|
| NAME | Kerry D. Smith, DMD | | |
| ADDRESS | 6531 NW 112 Place | | |
| CITY | Miami | STATE | FL |
| | | | ZIP 33178 |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 2nd day of November, 1998.

Kerry D. Smith (Seal)

____ (Seal)

____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Mobile Dentistry Corporation

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 9757 NW 41 street
Miami, FL 33178

has named Kerry D. Smith
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.

MA

(registered agent)

98 NOV -6 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED