

TRANSMITTAL LETTER

P 99000010482

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

000002758280--8
-01/29/99-01030-014
*****70.00 *****70.00

SUBJECT: Peter N. Nguyen, DMD; P.A.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Max A. Holcher
Name (Printed or typed)

P.O. Box 338
Address

Naples, FL 34106
City, State & Zip

(941) 649-7227
Daytime Telephone number

R. Purinton FEB - 3 1999

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
PETER N. NGUYEN, DMD, P.A.

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

ARTICLE I

The name of the corporation shall be: Peter N. Nguyen, DMD, P.A.

ARTICLE II

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

P.O. Box 338
Naples, Florida 34106

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares at \$1.00 par.

ARTICLE IV

The name and Florida street address of the initial registered agent are:

Max A. Holcher
600 5th Avenue South
Suite 303
Naples, Florida 32103

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

Max A. Holcher
396 Yucca Road
Naples, Florida 34102

ARTICLE VI

The effective date of this corporation shall be January 26, 1999.

The specific purpose is to practice dental medicine.


Signature/Incorporator

1-26-99
Date

**ARTICLES OF INCORPORATION
PETER N. NGUYEN, DMD, P.A.**

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 am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent



Date