P99000020449

CORPORATE

ACCESS,

236 East 6th Avenue . Tallahassee, Florida 32303

INC. P.O. Box 37066 (32315-7066) ~	(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
PICK UP 34	
рното сору	Vening Articles
DENTOGENESIS, P.A. (CORPORATE NAME & DOCUMENT #)	•
(CORPORATE NAME & DOCUMENT #)	400027938642 -03/04/9901004003 *****70.00 ******70.00
(CORPORATE NAME & DOCUMENT #)	
4.)(CORPORATE NAME & DOCUMENT #)	99 MAR SECRET
SPECIAL INSTRUCTIONS SPECIAL INSTRUCTIONS	ASSEE, FLORIDA

ARTICLES OF INCORPORATION

FILED
99 MAR -4 PM 1:10

SECRETARY OF STATE TALLAHASSEE, FLORIDA Professional Service Corporation and Limited Liability Company Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: DENTOGENESIS, P.A.

ARTICLE II - PRINCIPAL OFFICE

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

Gould Professional Centre 2051 45th Street Suite 100-102 West Palm Beach, FL 33407

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares of common stock, with no par value.

ARTICLE IV - PURPOSE

The purpose of the corporation shall be the practice of general dentistry.

ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William Mathurin DDS Gould Professional Centre 2051 45th Street Suite 100-102 West Palm Beach, FL 33407

ARTICLE VI - INITIAL DIRECTORS

The name and address of the initial member of the corporation's Board of Directors is:

William Mathurin DDS Gould Professional Centre 2051 45th Street Suite 100-102 West Palm Beach, FL 33407

ARTICLE VII - INCORPORATOR

The names and street address of the incorporator to these Articles of Incorporation is:

BIZCORP INTERNATIONAL INC. 292 S. County Road Suite 500 Palm Beach, FL 33480

The undersigned incorporator has executed these Articles of Incorporation this <u>3rd</u> day of <u>March</u>, 1999.

BIZCORP INTERNATIONAL INC.

Stephen Levy

(President)

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: **DENTOGENESIS, P.A.**
- 2. The name and address of the registered agent and office is:

William Mathurin DDS Gould Professional Centre 2051 45th Street Suite 100-102 West Palm Beach, FL 33407

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)

(Date)

William Mathurin DDS