

CAPITAL CONNECTION INC

17 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(904) 222-8870 • (904) 222-8862 • Fax (904) 222-1222

PM000020851

Hechavarría & Associates
Dental, P.A.

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

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99 MAR -5 AM 10:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: LG

3/5/99 8:47

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

FILED
99 MAR -5 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

**ARTICLES OF INCORPORATION
OF
HECHAVARRIA & ASSOCIATES DENTAL, P.A.**

Pursuant to Section 607.0202, Florida Statutes, these articles of incorporation provide that:

1. The name of the corporation is **HECHAVARRIA & ASSOCIATES DENTAL, P.A.** (the "Corporation").

2. The principal office of the Corporation is 3050 Biscayne Boulevard, Suite 801, Miami, Florida 33137.

3. The aggregate number of shares which the Corporation is authorized to issue is 10,000 shares of Common Stock, par value \$.01 per share.

4. The street address of the initial registered office of this Corporation is 3050 Biscayne Boulevard, Suite 801, Miami, Florida 33137, and the name of the initial registered agent of this Corporation at that address is Craig M. Dorne.

5. The name and address of the person signing these Articles of Incorporation as incorporator is Craig M. Dorne.

6. This Corporation will be a dental practice.

7. The Corporation shall have one (1) director initially. The name and address of the initial director is:

Mirta Hechavarria
3050 Biscayne Boulevard
Suite 801
Miami, FL 33137

The number of directors may be either increased or decreased from time to time as provided in the Bylaws of the Corporation, but shall never be less than one.

8. The existence of the corporation shall be perpetual. Corporate existence shall commence on the date these Articles are executed and acknowledged, except that if they are not filed by the Department of State of the State of Florida within five (5) days, exclusive of legal holidays, after they are executed and acknowledged, corporate existence shall commence upon filing by the Department of State.

9. The initial bylaws of this corporation shall be adopted by the directors. Bylaws shall be adopted, altered, amended or repealed from time to time by either the shareholders or the board of directors, but the board of directors shall not alter, amend or repeal any bylaw adopted by the shareholders if the shareholders specifically provide that such bylaw is not subject to amendment or repeal by the directors.

10. This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, and any such right conferred upon the shareholders is subject to this reservation.

Dated this 24th day of February, 1999.

By: Craig Dorne
Craig M. Dorne, Incorporator

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared Craig M. Dorne, to me personally known to be the person who subscribed to the foregoing Articles of Incorporation of **HECHAVARRIA & ASSOCIATES DENTAL, P.A.** acknowledged that he freely and voluntarily executed the said Articles of Incorporation for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me on this 24th day of February, 1999.

Irma Gonzalez
Notary Public, STATE OF FLORIDA

My Commission Expires: _____

OFFICIAL NOTARY SEAL IRMA GONZALEZ NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC453177 MY COMMISSION EXP. APR. 17, 1999
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**CERTIFICATE DESIGNATING THE ADDRESS
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

Having been named to accept service of process for **HECHAVARRIA & ASSOCIATES DENTAL, P.A.**, at the place designated in its articles of incorporation, I agree to act in this capacity and to comply with the provisions of Section 607.0505 of the Florida Statutes.

Dated this 24th day of February, 1999.

By: *Craig M. Dorne*
Craig M. Dorne

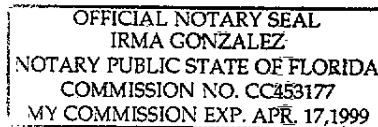
STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

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Irma Gonzalez
Notary Public, STATE OF FLORIDA

My Commission Expires:



FILED
99 MAR -5 PM 12:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA