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Charles Abels Massie, CPA, PA
 12065 Metro Parkway
 Suite 101
 Fort Myers, FL 33912

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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 TALLAHASSEE FLORIDA

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials D H

ARTICLES OF INCORPORATION
OF

TOMAS PEREZ, D. D. S., P. A.
7941 GEORGIAN BAY CIRCLE, #104
FORT MYERS, FL 33912

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TALLAHASSEE FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: TOMAS PEREZ, D. D. S., P. A.

The principle place of business of this corporation shall be:
7941 GEORGIAN BAY CIRCLE, #104
FORT MYERS, FL 33912

ARTICLE II NATURE OF BUSINESS

This 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. The specific purpose for this Professional Service Corporation is the Practice of Dentistry.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

10,000 with par value of \$0.50

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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):

TOMAS PEREZ, PRES/DIR
7941 GEORGIAN BAY CIRCLE, #104
FORT 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):

TOMAS PEREZ, PRES/DIR
7941 GEORGIAN BAY CIRCLE, #104
FORT MYERS, FL 33912

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation the 30th day of MARCH, 1999.

Signature(s) of Incorporator(s)

Tomas Perez D.O.S.

STATE OF FLORIDA
COUNTY OF LEE

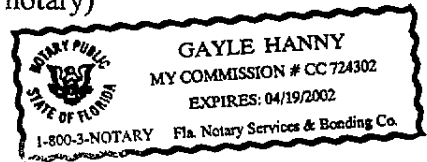
THE FOREGOING instrument was acknowledged and sworn to me this 30th day of MARCH, 1999, by TOMAS PEREZ PRES/DIR of TOMAS PEREZ, D. D. S., P. A.

My Commission Expires:
(SEAL)

Gayle Hanny
Notary Public, State of Florida

GAYLE HANNY
(printed name of notary)

Personally Known _____ OR Produced Identification
Type of Identification Produced _____



SEAL

(SEAL)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: TOMAS PEREZ, D. D. S., P. A.
2. The name and address of the registered agent and office is:

TOMAS PEREZ, PRES/DIR 7941 GEORGIAN BAY CIRCLE, #104 FORT MYERS, FL
33912

SIGNATURE *Tomas Perez D.D.S., Pres.*
(CORPORATE OFFICER)

TITLE President

DATE MARCH 30th, 1999

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 *Tomas Perez D.D.S.*

DATE MARCH 30th, 1999

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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