## P 99 00 00 3 74 79 TRANSMITTAL LETTER

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

100002847001---C -04/22/99--01041--008 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: AVALON DENTAL CLINIC, 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 \$78.75
Filing Fee Filing Fee & Certificate of Status

\$875.50
Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: AVALON DENTAL CLINIC, P.A.

Name (Printed or typed)

4272 AVALON BLVD.

Address

MILTON, FL 32583

City, State & Zip

(850) 626-6100

F. CHESSER APR-2 6 1999

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

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 NAME

The name of the corporation shall be:

AVALON DENTAL CLINIC, P.A.

ARTICLE II PRINCAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4272 AVALON BLVD.

MILTON, FL 32583

ARTICLE III SHARES

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

7,500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NATHAN V. WILLIAMS

4501 BAYSIDE DR.

MILTON, FL 32583

ARTICLE V INCORPORATOR

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

NATHAN V. WILLIAMS

4501 BAYSIDE DR

MILTON, FL 32583-8423

Signature/Incorporator

ARTICLE VI PURPOSE FOR A PROFESSIONAL CORPORATION

The purpose of the professional corporation is to serve as a dental

clinic for individuals and care for their dental needs.

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date

Date