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LOCAL REPRESENTATIVE TALLAHASSEE

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****157.50 *****78.75

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

1. FT. PIERCE FAMILY DENTAL CARE INC.

(Corporation Name)

(Document #)

2. UNDERWRITERS CORPORATION

(Corporation Name)

(Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

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☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

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

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TALLAHASSEE FLORIDA

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Examiner's Initials

ARTICLES OF INCORPORATION

of

FT. PIERCE FAMILY DENTAL CARE INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

FT. PIERCE FAMILY DENTAL CARE INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE THOUSAND shares (1000) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>FT. PIERCE FAMILY DENTAL CARE INC.</u>		
ADDRESS	<u>108 S 17th STREET</u>		
CITY	<u>FT. PIERCE</u>	<u>FLORIDA</u>	ZIP

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>DR. SEGUNDO ARDAVIN DDS</u>		
ADDRESS	<u>1500 SW 66 CT # 4</u>		
CITY	<u>MIAMI</u>	<u>FLORIDA</u>	ZIP <u>33144</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1.00) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>DR. SEGUNDO ARDAVIN DDS</u>		
ADDRESS	<u>1500 SW 66CT # 4</u>		
CITY	<u>MIAMI</u>	STATE <u>FLORIDA</u>	ZIP <u>33144</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

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ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	DR SEGUNDO ARDAVIN DDS		
ADDRESS	1500 SW 66 CT # 4		
CITY	MIAMI	STATE FLORIDA	ZIP 33144
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

the undersigned subscriber(s) have executed these Articles of Incorporation this 27th
day of JULY, 19 99.

 (Seal)

DR SEGUNDO ARDAVIN DDS (Seal)

(Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

ET. PIERCE FAMILY DENTAL CARE INC
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 1500 SW 66th CT # 4
MIAMI FLORIDA 33144

has named DR SEGUNDO ARDAVIN DDS

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)

DR. SEGUNDO ARDAVIN DDS

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