

P99000069454

TRANSMITTAL LETTER

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

**SUBJECT:** NORTHWEST FLORIDA DENTAL CENTER, INC.  
(Proposed corporate name - must include suffix)

400002926294-2  
-07/08/99-01052-016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Gregory P. Farrar  
Name (Printed or typed)

109 N. Palafox Street  
Address

Pensacola, FL 32501  
City, State & Zip

(850) 434-8904  
Daytime Telephone number

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

99 JUL - 8 AM 10: 16

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 15, 1999

GREGORY P. FARRAR  
109 N. PALAFOX ST.  
PEMSACOLA, FL 32501

SUBJECT: NORTHWEST FLORIDA DENTAL CENTER, INC.  
Ref. Number: W99000016265

We have received your document for NORTHWEST FLORIDA DENTAL CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

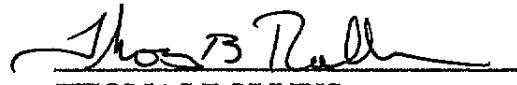
Tracy Smith  
Document Specialist

Letter Number: 699A00036418

**AFFIDAVIT OF HAVING NO INTENTION OF REINSTATING THE NAME  
NORTHWEST FLORIDA DENTAL CENTER, INC.**

**BEFORE ME**, the undersigned authority, this day personally appeared **THOMAS ROLLINS**, Former President and Incorporator of the above named corporation , who upon being first duly sworn on oath, states as follows:

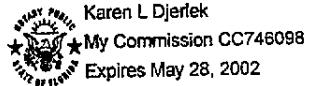
1. I have no intention of reinstating the above named corporation and therefore release the name for use to another entity.

  
**THOMAS ROLLINS**

**STATE OF FLORIDA  
COUNTY OF ESCAMBIA**

This day, before the undersigned Notary Public, personally appeared **THOMAS ROLLINS**, to me is well known to be the individual described in or who produced Personally Known as identification and who executed the foregoing Affidavit, and acknowledged that he executed the same for the use and purpose therein expressed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal this the 20 day of July, 1999.



**NOTARY PUBLIC**

ARTICLES OF INCORPORATION  
OF  
**NORTHWEST FLORIDA DENTAL CENTER, INC.**

The undersigned incorporator(s) hereby adopt the following Articles of Incorporation:

**I. CORPORATE NAME**

**NORTHWEST FLORIDA DENTAL CENTER, INC.**

**II. PRINCIPAL OFFICE**

The street address of the principal office of the corporation is 3298 Summit Boulevard, Suite 6, Pensacola, Florida 32503, with the same mailing address.

**III. CAPITAL STOCK**

The Corporation shall be authorized to create and issue one thousand (1,000) shares of Common Stock having no par value.

**IV. REGISTERED AGENT AND OFFICE**

The street address of the Corporation's initial registered office is 109 North Palafox Street, Pensacola, Florida 32501. The name of the Corporation's initial registered agent at such office is **GREGORY P. FARRAR, ESQUIRE**.

**V. INCORPORATORS**

The name and address of the incorporator signing these Articles of Incorporation is **SHIRLEY MCGRAW**, 3298 Summit Boulevard, Suite 6, Pensacola, Florida 32503.

**VI. EFFECTIVE DATE**

The effective date of this incorporation shall be:

*July 1, 1999*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## VII. SPECIAL PROVISIONS

The following additional provisions for the regulation of the business and for the conduct of the affairs of the Corporation and for creating, defining, limiting and regulating the powers of the Corporation, its shareholders and directors, are hereby adopted as a part of these Articles of Incorporation.

1. No person shall be required to own, hold or control stock in the Corporation as a condition precedent to holding an office in this Corporation.

2. The Board of Directors may prescribe a method or methods for replacement of lost certificates, and prescribe reasonable conditions by way of security upon the issue of new certificates therefor.

3. The Board of Directors, by the affirmative vote of a majority of the directors then in office, and irrespective of any personal interest of any of its members, shall have authority to establish reasonable compensation of all directors for services to the Corporation as directors, officers or otherwise.

IN WITNESS WHEREOF we have subscribed our names this 30 day of JUNE, 1999.

99 JUL - 8 AM 10:16  
TREASURER OF STATE  
TALLAHASSEE, FLORIDA

FILED

Shirley McGraw  
SHIRLEY McGRAW  
Incorporator

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

Sworn to and subscribed before me by SHIRLEY McGRAW this 30 day of JUNE, 1999.

Notary Public



Gregory P. Farrar  
MY COMMISSION # CC511999 EXPIRES  
November 30, 1999  
BONDED THRU TROY FAIR INSURANCE, INC.

## ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent to accept service for this Corporation at the registered office, I agree to act in this capacity and to comply with all applicable laws of the State of Florida.

GREGORY P. FARRAR, ESQUIRE  
Registered Agent  
Dated: 6-30-99