

P930000034834

Order Number Only

1/8/99

VALIDATION ONLY

Requestor's Name
ALLAN HECT
Address
2670 N.E 215 St.
Miami, FL 33180
City State ZIP Phone
1441

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*****35.00 *****35.00

CORPORATION(S) NAME

DAVID CRAIG WEINER, DDS, P.A.

- | | | |
|--|---|---|
| ☐ Profit | ☒ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution | ☐ Mark |
| ☐ Foreign | ☐ Annual Report | ☐ Other |
| ☐ Limited Partnership | ☐ Reservation | ☐ Change of Registered Agent |
| ☐ Reinstatement | ☐ Photo Copies | ☐ Certificate Under Seal |
| ☐ Certified Copy | ☐ Call When Ready | ☐ Call If Problem |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| | | ☐ After 4:30 |
| | | ☐ Mail Out |

FILED
99 JAN 11 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED
99 JAN 11 AM 9:19
DIVISION OF CORPORATION

Empire Toll Free: 1-800-432-3028

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

DAVID CRAIG WEINER, DDS, P. A.

FILED
99 JAN 11 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Chapter 607 and 621, Florida Statutes, the undersigned Professional Service Corporation, **DAVID CRAIG WEINER, DDS, P. A.**, adopts the following Articles of Amendment to the Articles of Incorporation, filed May 13th, 1993, #P93000034834.

FIRST: Article ONE is hereby amended by replacing the following for Article ONE of the Articles of Incorporation.

ARTICLE ONE

The name of the Corporation is **DAVID CRAIG WINER, DDS, P. A.**

SECOND: This Amendment was adopted by unanimous consent of the Stockholders and the Board of Directors at a Joint Meeting of the Stockholders and Board of Directors held on the 2nd day of January, 1999.

DAVID CRAIG WEINER, DDS, P. A.

By:

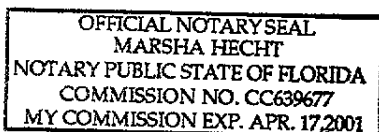


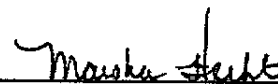
DAVID CRAIG WINER, its President

**STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)**

The foregoing instrument was acknowledged before me this 7 day of January, 1999, by **DAVID CRAIG WINER**, who is ☒ personally known to me as the person described in and who executed the foregoing or ☐ who has produced _____ as identification, and who did ☐, did not ☐, take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Aventura, Florida, the day and year first written above.




MARSHA HECHT
(Printed Name of Notary)

Serial Number of Notary _____
Notary Public, State of Florida
My Commission Expires: _____