G96420

(Requestor's Name)		
RONALD E. TORNWALL, D.D.S. C. ROMESH WEERASOORIYA, D.M.D. & SHANAKA L. WEERASOORIYA, D.M.D. 1861 PLACIDA RD., SUITE 105 ENGLEWOOD, FL 34223		
`	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		



MC/Ameridas

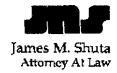


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ALLAHASSEE, FINATE



December 30, 2003

Corporate Records Bureau Division of Corporations Department of State P.C. Box 6327 409 East Gaines Street Tallahasses, Florida 32301

RE: TORNWALL, WEERASOORIYA AND WEERASOORIYA, P.A.

Gentle(wo)men:

Enclosed is the Articles of Amendment changing the name of the subject corporation to WEERASOORIYA & WEERASOORIYA, D.M.D., P.A. effective January 1, 2004.

Also enclosed is a check in the amount of \$43.75 for the following:

Corporate Filing Fee

\$35.00

Certified Copy \$ 8.75

Please return the certified copy of the Articles of Amendment to me after recording.

Thank you for your continued assistance.

Sincerely

James M. Shuta

Board Certified Tax Attorney

Enclosures a/n



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 9, 2004

JAMES M. SHUTA P.O. BOX 48698 ST. PETERSBURG, FL 33743-8698

SUBJECT: TORNWALL, WEERASOORIYA AND WEERASOORIYA, P.A.

Ref. Number: G96420

We have received your document for TORNWALL, WEERASOORIYA AND WEERASOORIYA, P.A. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return 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) 245-6882.

Maryanne Dickey Document Specialist

Letter Number: 004A00001666

ARTICLES OF AMENDMENT

Pursuant to the provisions of Section 607.1003(6) of the Florida Business Corporation Act, TORNWALL, WEERASOORIYA AND WEERASOORIYA, P.A. ("Corporation') adopts the following Articles of Amendment to its Articles of Incorporation filed on April 17, 1984 and assigned document #G96420:

- The name of the Corporation is changed to: 1. WEERASOORIYA & WEERASOORIYA, D.M.D., P.A.
- The name of the resigning Officer and Director is: 2. RONALD E. TORNWALL, D.D.S.
- The Registered Agent of the Corporation is changed to: З.
 - C. ROMESH WEERASOORIYA, D.M.D.
- The Registered Address of the Corporation is changed to:

1861 Placida Road, Suite 106 Englewood, FL 34224

The Principal Office of the Corporation is: 5.

> 1861 Placida Road, Suite 106 Englewood, FL 34224

The Mailing Address of the Corporation is: б.

> 1861 Placida Road, Suite 106 Englewood, FL 34224

- The amendments were adopted on the 31^{57} day of December, 2003 7. and are effective the 1st day of January, 2004.
- A majority of the Shareholders adopted this Amendment to the 8. Articles of Incorporation in accordance with Fl. Stats. 607.1003(6) which does not require directors action.

TORNWALL, D.D.S.

IN WITNESS WHEREOF, the below signed have hereunto set their hands 3 of December, 2003. this. SHAREHOLDERS:

WI/TNESSES:

Name

nt Name

Sign Name

Print Name

•	4
WITNESSES:	SHAREHØLDERS:
Khain The a	Charle Willer
Sign Name	C. ROMESH WEERASOORIYA, D.M.D.
Nelaucal Than Os	C. ROBERT WEEKSOOKLER, D.W.D.
DEPOPAL I MOMISSON	
Print Name	
Sign Name	
Heather D. Quick	0.
Print Name	\mathcal{L}
Albert Many	Jours
Sign Name	SHANAKA L. WEERASOORIYA, D.M.D.
Print Name	
Marther Daise	
Sign Name	
Heather D Quick	
Print Name	
county of Charlotte	·-
I HEREBY CERTIFY that on the .	3) ST day of December, 2003, the foregoing
was acknowledged before me by	RONALD E. TORNWALL, D.D.S., () who is
personally known to me or () who produced
take an oath.	
State Fig.	Oren Jay 151
Erin Taylor MY COMMISSION # DD206125 EXPIRES	Notary Public, State of Florida
April 28, 2007 BONDED THRU TROY FAIN INSURANCE, INC.	(Printed Name)
····	My Commission Expires: HPCL28, 2007
STATE OF FLORIDA	Commission No. DD 2010125
COUNTY OF Charlotte	
I HEREBY CERTIFY that on the	3/ day of December, 2003, the foregoing
was acknowledged before me C.	ROMESH WEERASOORIYA, D.M.D., () who
is personally known to me or	() who produced
take an oath.	
	Notary Public, State of Florida
	Erin Taylor
Erin Taylor	(Printed Name) NOO! 28 7007
MY COMMISSION # DD206125 EXPIRES April 28, 2007	My Commission Expires: APRIL 28,2007 Commission No. D.D. 200125
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STATE OF FLORIDA COUNTY OF Choulotte

CASSIANA -	
was acknowledged before me b is personally known to me o	day of December, 2003, the foregoing y SHANAKA L. WEERASOORIYA, D.M.D., () who E () who produced
as ident:	ification and who () did or () did not
take an oath.	Ermi Daylor
4.W.	Notary Public, State of Florida
Erin Taylor April 28, 2007	(Printed Name) My Commission Expires: APRIL 28,7007
MONDED THRU TROY FAIN INSURANCE, INC.	Commission No. DD206125

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

- l. The name of the corporation is: WEERASOORIYA & WEERASOORIYA, D.M.D., P.A.
- The name and address of the registered agent and office is: 2. C. ROMESH WEERASOORIYA, D.M.D. 1861 Placida Road, Suite 106 Englewood, FL 34224

WEERASOORIYA & WEERASOORIYA, D.M.D., P.A.

BY:

C. ROMESH WEERASOORIYA D.M.D., President

Date: January $\sqrt{2}$, 2004

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.

C. ŘOMESH WEĚRASOORIYA, D.M.D.

Registered Agent

January <u>2/</u>, 2004 Date: