657665

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SECRETARY OF STATE

Kolito

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>David</u>	C. Neal, D.D.S., P.A.
DOCUMENT NUMBER: 657665	
The enclosed Articles of Amendment and	I fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
	Dr. Rigoberto Cornejo
(Name of Contact Person)
· · · · · · · · · · · · · · · · · · ·	Winter Haven Oral Surgery, P.A.
	(Firm/ Company)
40	O Avenue K, S.E., Suite #10 (Address)
	(Address)
	Winter Haven, FL 33880 City/ State and Zip Code)
For further information concerning this n	
Dr. Rigoberto Cornejo	at (<u>863</u>) <u>294-7648</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following ame	ount made payable to the Florida Department of State:
\$35 Filing Fee Sertificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

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2009 MAY -8 PM 2: 07 TALLAHASSEE STATE
MASSEE STATE

	eai, D.D.S., P.A.	State) State
(Name of Corporation as current	tly filed with the Florida Dept. of S	State) IN LORIDA
65	57665	
	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorpo		fit Corporation adopts th
A. If amending name, enter the new name of the	he corporation:	
Winter Haven Oral Surgery, P.A.		
The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," ", "Co". A professional corporation name association," or the abbreviation "P.A."	Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
D. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent:		enter the name of the
		
<u>New Registered Office Address</u> :	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.		cept the obligations of th
4**-1	nature of New Registered Agent, if c	changing

• If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	Part Part de de constitue de la constitue de l		Add Remove
	iding or adding additional Artical Art		
provis	imendment provides for an exclions for implementing the amen not applicable, indicate N/A)	nange, reclassification, or cancellandment if not contained in the am	ation of issued shares, endment itself:
	76. 15.4		

The date of each amendment(s) adoption: 5-6-9
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature (By a director, president or other officer—it directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Rigoberto Cornejo
(Typed or printed name of person signing)
Vice President
(Title of person signing)