

731323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

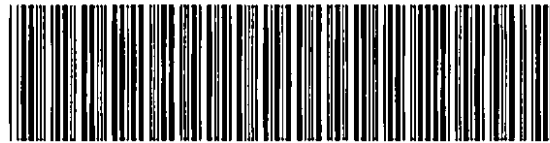
(Business Entity Name)

(Document Number)

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10/15/19--01001--004 \*\*35.00

*Amend*

10/07/2019

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DADE COUNTY DENTAL RESEARCH CLINIC

DOCUMENT NUMBER: 731323

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIO ALVAREZ

(Name of Contact Person)

DADA COUNTY DENTAL RESEARCH CLINIC

(Firm/ Company)

750 NW 20TH ST., G-110

(Address)

MIAMI, FLORIDA 33127

(City/ State and Zip Code)

malvarez@csmiles.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario Alvarez

305      363-2218

(Name of Contact Person)

at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**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  
of

(Name of Corporation as currently filed with the Florida Dept. of State)

DADE COUNTY DENTAL RESEARCH CLINIC

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: N/A

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if 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)

Please note the officer/director title by the first letter of the office title.

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>ALFRED H UNDERWOOD</u>	<u>750 NW 20TH ST</u>
<input type="checkbox"/> Add			<u>G-110</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI, FLORIDA 33127</u>
2) <input checked="" type="checkbox"/> Change	<u>TREA</u>	<u>ALEX DE LA CRUZ</u>	<u>750 NW 20TH ST</u>
<input type="checkbox"/> Add			<u>G-110</u>
<input type="checkbox"/> Remove			<u>MIAMI, FLORIDA 33127</u>
3) <input type="checkbox"/> Change	<u>SEC</u>	<u>NICOLE TRUJILLO</u>	<u>750 NW 20TH ST</u>
<input checked="" type="checkbox"/> Add			<u>G-110</u>
<input type="checkbox"/> Remove			<u>MIAMI, FLORIDA 32127</u>
4) <input type="checkbox"/> Change	<u>CHAIR</u>	<u>DR BARRY ROSENTHAL</u>	<u>750 NW 20TH ST</u>
<input checked="" type="checkbox"/> Add			<u>G-110</u>
<input type="checkbox"/> Remove			<u>MIAMI, FLORIDA 33127</u>
5) <input type="checkbox"/> Change	<u>VICECH</u>	<u>DR. CARLOS INTERIAN</u>	<u>750 NW 20TH ST</u>
<input checked="" type="checkbox"/> Add			<u>G-110</u>
<input type="checkbox"/> Remove			<u>MIAMI, FLORIDA 33127</u>
6) <input type="checkbox"/> Change	<u>P, CEO</u>	<u>MARIO ALVAREZ</u>	<u>750 NW 20TH ST</u>
<input checked="" type="checkbox"/> Add			<u>G-110</u>
<input type="checkbox"/> Remove			<u>MIAMI, FLORIDA 33127</u>

N/A

OCTOBER 1, 2019

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

OCTOBER 1, 2019

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

OCTOBER 8, 2019

Dated

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARIO ALVAREZ

(Typed or printed name of person signing)

PRESIDENT AND CEO

(Title of person signing)