

759406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

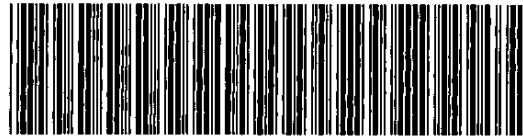
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Stephanie Baldwin  
advised to change  
Adoption date to  
June 5th, 2006  
@

Office Use Only

Name Chg  
@ 8.30.04



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07/20/06--01006--003 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 AUG 30 PM 2:11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** University of Florida Orthodontic Alumni Association, Inc.

**DOCUMENT NUMBER:** 759406

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

Please return all correspondence concerning this matter to the following:

Stephanie Baldwin

(Name of Contact Person)

Orthodontics Dept., University of Florida

(Firm/ Company)

Box 100444 JHMH

(Address)

Gainesville, FL 32610-0444

(City/ State and Zip Code)

For further information concerning this matter, please call:

Stephanie Baldwin

(Name of Contact Person)

at ( 352 ) 273-5690

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2006

STEPHANIE BALDWIN  
ORTHODONTICS DEPT., UNIVERSITY OF FLA  
BOX 100444 JHMHC  
GAINESVILLE, FL 32610-0444

SUBJECT: UNIVERSITY OF FLORIDA ORTHODONTIC ALUMNI  
ASSOCIATION, INC.  
Ref. Number: 759406

We have received your document for UNIVERSITY OF FLORIDA ORTHODONTIC ALUMNI ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

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) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 506A00047647

RECEIVED  
JUL 28 2006  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF OPERATIONS  
06 AUG 30 PM 2:11

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

(Document number of corporation (if known))

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was:

June 26, 2006

Effective date if applicable:

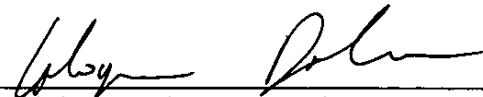
(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

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

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.)

Calogero Dolce, DDS, PhD

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

**FILING FEE: \$35**