

LOS000121437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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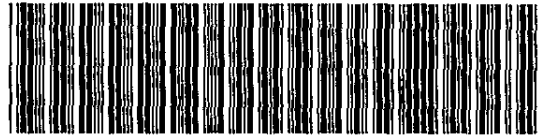
(Business Entity Name)

(Document Number)

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2006 JAN 11 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LOS-121437  
OK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WILLISTON GENERAL DENTISTRY, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

F.B. Estergren

(Name of Person)

F.B. Estergren, P.a.

(Firm/Company)

P.O. Drawer 2167

(Address)

Ft. Walton Beach, FL 32549

(City/State and Zip Code)

For further information concerning this matter, please call:

F.B. Estergren

(Name of Person)

at ( 850 )

830 4268

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2006 JAN 11 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

WILLISTON GENERAL DENTISTRY, LLC.

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Articles II, IV and V incorrectly show mailing zip code as 32691

The zip code in Articles II, IV and V should read: 32696

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: JANUARY 9, 2006

Kenneth A. Schuricht

Signature of a member or authorized representative of a member

KENNETH A SCHURICHT

Typed or printed name of signee

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

2006 JAN 11 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L05000121437  
FILED 8:00 AM  
December 21, 2005  
Sec. Of State  
mhodges

**Article I**

The name of the Limited Liability Company is:  
WILLISTON GENERAL DENTISTRY, LLC.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
173 NORTH MAIN ST.  
WILLISTON, FL. US 32691

The mailing address of the Limited Liability Company is:  
173 NORTH MAIN ST.  
WILLISTON, FL. US 32691

**Article III**

The purpose for which this Limited Liability Company is organized is:  
DENTAL PRACTICE

**Article IV**

The name and Florida street address of the registered agent is:  
KENNETH A SCHWIEBERT  
173 NORTH MAIN ST.  
WILLISTON, FL. 32691

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Registered Agent Signature: KENNETH A. SCHWIEBERT

### **Article V**

**L05000121437**  
**FILED 8:00 AM**  
**December 21, 2005**  
**Sec. Of State**  
**mhodges**

. . The name and address of managing members/managers are:

Title: MGRM  
KENNETH A. SCHWIEBERT, DMD, P.A.  
173 NORTH MAIN ST.  
WILLISTON, FL. 32691 US

Title: MGRM  
DEBBIE LYNN HOSKINS, DMD, P.A.  
173 NORTH MAIN ST.  
WILLLISTON, FL. 32691 US

Signature of member or an authorized representative of a member

Signature: KENNETH A. SCHWIEBERT