

L09000018178

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000050729 3)))



H090000507293ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FRANK, WEINBERG, BLACK, P.L.
Account Number : I2004000083
Phone : (954) 474-8000
Fax Number : (954) 474-9850

FILED
2009 MAR -4 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SOUTH FLORIDA ENDODONTICS, P.L.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

09 MAR -4 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

C. LEWIS
MAR -5 2009
EXAMINER

H09000050729 3

FILED

2009 MAR -4 AM 8:25

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
SOUTH FLORIDA ENDOWMENTS, P.L.

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:
Article III contains an incorrect zip code. Article III is corrected to

read as follows: The mailing address and the street address of the principal
office of the Professional Limited Liability Company is: 2500 N. University
Drive, Suite 12, Sunrise, Florida 33322-3003.

OR

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

Dated: 3/3

2009

[Signature]
Signature of a member or authorized representative of a member

By Weiner, D.D.S., P.A., Member

Typed or printed name of signee

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

CR2E062 (08/05)

H09000050729 3

H09000050729 3

FILED
09 FEB 23 AM 10:15
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
SOUTH FLORIDA ENDODONTICS, P.L.

ARTICLE I

NAME

The name of the Professional Limited Liability Company is: SOUTH FLORIDA
ENDODONTICS, P.L.

ARTICLE II

PURPOSE

This Professional Limited Liability Company is organized for the following purposes:
(1) To engage in the practice of dentistry as a professional limited liability company and to
carry on services incident to the practice of dentistry.; and (2) To own property, enter into
contracts, and to carry on any business necessary or incidental to the accomplishment or
furtherance of the purposes and objects of this Professional Limited Liability Company. The
practice of dentistry is the sole and exclusive professional service to be rendered by this
Professional Limited Liability Company. The professional services of this Professional
Limited Liability Company shall be carried out only through its members, officers,
employees and agents, each of whom has been admitted to practice dentistry by the

H09000050729 3

H09000050729 3

Florida Department of Professional Regulation, and is duly authorized to practice dentistry in the State of Florida.

ARTICLE III

PRINCIPAL OFFICE AND MAILING ADDRESS

The mailing address and the street address of the principal address of the Professional Limited Liability Company is: 2500 N. University Drive, Suite 12, Sunrise Florida 33322-3009.

ARTICLE IV

INITIAL REGISTERED AGENT AND OFFICE

The name of the initial registered agent of Professional Limited Liability Company is: Steven A. Weinberg. The street address of the initial registered office of the Professional Limited Liability Company in the State of Florida is: 7805 S.W. 6th Court, Plantation, Florida 33324.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization effective this 19th day of February, 2009.



Sy Weiner, Authorized Representative

H09000050729 3

H09000050729 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned professional limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: South Florida Endodontics, P.L.
2. The name and address of the registered agent and office is:

Steven A. Weinberg
7805 S.W. 6th Court
Plantation, Florida 33324

Having been named as registered agent and to accept service of process for the above-stated professional 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.


Steven A. Weinberg


(Date)

H09000050729 3