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09 JUL -7 AM II: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AmenQ+N.C. C.COULLIETTE

JUL 1 0 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Michael G. Cassatly, DMD, PA, MedAchieve Incorpor

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DOCUMENT NU	MBER:	L36166	<u> </u>
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
		ael G. Cassatly, DMD	
	N	name of Contact Person	
	Michael G. Cassatly,	DMD,PA, MedAchieve Incorporated	
		Firm/ Company	
	4	W Riverside Drive	
		Address	
	J	Jupiter, FL 33469	,
		City/ State and Zip Code	
	Caes	sativ@aol.com	
	E-mail address: (to be use	satly@aol.com d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	chael G Cassatly	at (561)747-8550	<u>.</u>
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount m	nade payable to the Florida Department of State:	
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$52.50 Filing Certificate of Certified Cop (Additional	f Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
Tallahassee, FL 32314		Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Michael G. Cassatly, DMD	, PA, South F	lorida Oral and Ma	axillofacial Surgery
(Name of Corporation as cu	irrently lifed with	the Florida Dept. of Su	<u>ite</u>)
(Decement)	L36166 Number of Corporat	tion (if Irnoven)	
(Document P	number of Corpora	non (ii known)	
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		tes, this Florida Profit	Corporation adopts the following
A. If amending name, enter the new nam	e of the corporation	on:	
Michael G. Cassatly,			
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C	Corp," "Inc," or "Co".	A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		4 W Riverside Driv	/e
		Jupiter, FL 33469	SEC
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	<u>ble:</u> FFICE BOX)	4 W Riverside Driver Jupiter, FL 33469	JUL -7 AM II: 30 ANTASSEE, FIORH
D. If amending the registered agent and/o			ter the name of the
new registered agent and/or the new r	egistered office ad	<u> dress:</u>	
Name of New Registered Agent:	Name of New Registered Agent: Michael G. Cassatly		
	4 W Riverside Drive		
New Registered Office Address:	(Flor	ida street address)	_
	Jupiter		, Florida_33469
	(City,) (Zi	p Code)
New Registered Agent's Signature, if chan. I hereby accept the appointment as registered	ed agent. I am fam	iliar with and accept the	
	Signature of New	v Registered Agent, if cha	inging

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 àdditional sheets, if necessary) Title . <u>Name</u>

4	<u>Name</u>	Address	Type of Action

	MA		☐ Add☐ Remove

	Iditional sheets, if necessary).	rticles, enter change(s) here: . (Be specific)	
	N/#		
provisio	nendment provides for an expose sor implementing the amost applicable, indicate N/A)	xchange, reclassification, or cancellat nendment if not contained in the ame	ion of issued shares, adment itself:

The date of each amendmen	
Effective date if applicable:	July 3, 2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(street sufficient for approval.
	ere approved by the shareholders through voting groups. The following stateme and 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)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholde
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_July	6, 2009
Signature _	Mulu & Andt Ohn
(By sel	y a director, president of other office – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Michael G. Cassatly, DMD
	(Typed or printed name of person signing)
	President
	(Title of person signing)