

N09000007734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

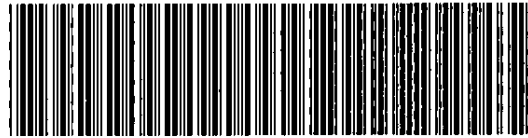
(Business Entity Name)

(Document Number)

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07/05/11--01022--004 **43.75

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11 JUL 18 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Paul
*cc
7/20/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Miami Dade Dental Society, Inc.

DOCUMENT NUMBER: N 0900 000 7734

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

Please return all correspondence concerning this matter to the following:

Elaine deRoode
(Name of Contact Person)

deRoode Orthodontics
(Firm/ Company)

175 SW 7th Street
(Address)

Miami FL 33130
(City/ State and Zip Code)

elaine@deroodeortho.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine deRoode at (786) 223-7398
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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 *submitted*
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2011

ELAINE DE ROODE
175 SW 7TH STREET #1408
MIAMI, FL 33130

SUBJECT: MIAMI DADE DENTAL SOCIETY, INC.
Ref. Number: N09000007734

We have received your document for MIAMI DADE DENTAL SOCIETY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 211A00016183

Articles of Amendment
to
Articles of Incorporation
of

Miami Dade Dental Society, Inc.

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

NO 900 000 7734

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL 1988 PM 1:55

FILED

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:

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)

175 SW 7th Street

Miami, FL 33130

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

175 SW 7th Street

Miami, FL 33130

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: _____

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President</u>	<u>Fonseca, Pablo J.</u>	<u>4560 NW 7th St</u> <u>Miami FL 33126</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>President</u>	<u>Palacios, Piero</u>	<u>8740 N. Kendall Dr.</u> <u># 203</u> <u>Miami, FL 33176</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>V. President</u>	<u>Palacios, Piero</u>	<u>8740 N. Kendall Dr.</u> <u># 203</u> <u>Miami, FL 33176</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>V. President</u>	<u>de Roode, Elaine</u>	<u>175 SW 7th St</u> <u># 1408</u> <u>Miami, FL 33130</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Secretary</u>	<u>de Roode, Elaine</u>	<u>175 SW 7th St</u> <u># 1408</u> <u>Miami, FL 33130</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Secretary</u>	<u>Haber, Derek</u>	<u>5990 SW Bird Rd</u> <u>Miami, FL 33155</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

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)

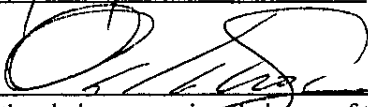
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Treasurer	Romano, Rodrigo	7701 SW 62nd Ave # A1 South Miami, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Treasurer	Duarte, Fernando	4651 Ponce De Leon #101 Coral Gables, FL 33146	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 7/12/11
(date of adoption is required)
Effective date if applicable: 7/12/11
(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(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.

Dated 7/12/11
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)

Piero Palacios
(Typed or printed name of person signing)

President
(Title of person signing)