

N12000004513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

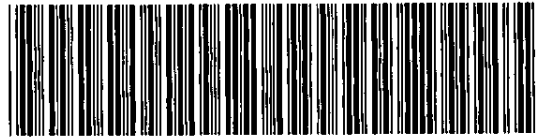
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JUL 22 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/21/13--01005--023 **35.00

Amend
07/22/13
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2013

SHERRI PAULES
DENTISTRY THAT CARES, INC.
5211 US HWY. 19 #200
NEW PORT RICHEY, FL 34652

SUBJECT: DENTISTRY THAT CARES, INC.
Ref. Number: N12000004513

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE PAGE 1 OF 4 OF THE ARTICLES OF AMENDMENT AS IT WAS NOT RECEIVED WITH YOUR DOCUMENTS.

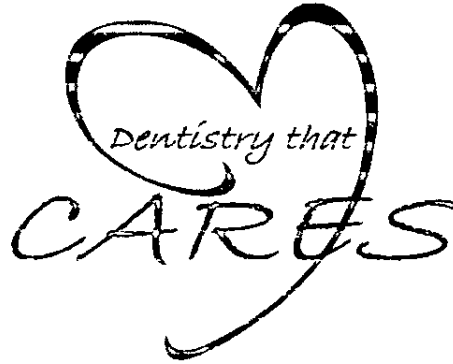
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 913A00016046

RECEIVED
13 JUL 22 AM 11:15
REC'D OFFICE OF THE
CLERK OF THE SUPREME COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Florida Department of State
Division of Corporations
Attn: Darlene Connell
PO Box 6327
Tallahassee, FL 32314

July 16, 2013

Dear Ms. Connell,

Please find enclosed the requested Page 1 of 4 of the Articles of Amendment. Thank you for your assistance.

Sincerely,

Dr. Michael P. O'Carroll
Vice President,
Dentistry That Cares, Inc.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DENTISTRY THAT CARES, INC.

DOCUMENT NUMBER: N12000004513

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

Please return all correspondence concerning this matter to the following:

Sherri Paules

(Name of Contact Person)

Dentistry That Cares

(Firm/ Company)

5211 US Highway 19 Suite 200

(Address)

New Port Richey, FL 34652

(City/ State and Zip Code)

Sherri.paules@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherri Paules

(Name of Contact Person)

at (727) 916-3200

(Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input 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
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Dentistry That Cares, Inc.

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

N12000004513

(Document Number of Corporation (if known))

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|--------------------------|-----------------------------|
| 1) <input type="checkbox"/> Change | <u>VP</u> | <u>Christine Lane</u> | <u></u> |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>VP</u> | <u>Michael O'Carroll</u> | <u>8125 US Highway 19</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Port Richey FL 34668</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u></u> | <u></u> | <u></u> |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u></u> | <u></u> | <u></u> |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | <u></u> | <u></u> | <u></u> |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | <u></u> | <u></u> | <u></u> |
| <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)

* See attached

Articles of Amendment:

ARTICLE III

The specific purpose for which this corporation is organized is:

**DENTISTRY THAT CARES, INC. PROVIDES ONE-DAY COMMUNITY DENTAL EVENTS IN ORDER TO
ELIMINATE SUFFERING.**

ARTICLE IV

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BY-LAWS.

The date of each amendment(s) adoption: June 13, 2013

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(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 June 13, 2013

Signature Michael P. O'Carroll
(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)

Michael P. O'Carroll
(Typed or printed name of person signing)

Vice President
(Title of person signing)