

# N20727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

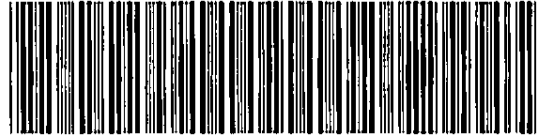
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2018 NOV -9 AM 10:48

CLERK OF STATE  
TALLAHASSEE, FL

C. GOLDEN

NOV 11 2018

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Polk County Dental Association, Inc.

DOCUMENT NUMBER: N 20727

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

Please return all correspondence concerning this matter to the following:

Tisha Taitot

(Name of Contact Person)

Polk County Dental Association

(Firm/ Company)

1132 Maplebrook Dr.

(Address)

Lake Alfred, FL 33850

(City/ State and Zip Code)

polkdaemail@gmail.com

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

For further information concerning this matter, please call:

Tisha Taitot

(Name of Contact Person)

at (863) 236-7610

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

Already  
Paid \$43.75

RECEIVED

2018 NOV -9 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2018

TISHA TALBOT  
1132 MAPLEBROOK DRIVE  
LAKE ALFRED, FL 33850

SUBJECT: POLK COUNTY DENTAL ASSOCIATION, INC.  
Ref. Number: N20727

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks. ✓

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. ✓  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Page 3 is missing. ✓

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 718A00018366



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2018

TISHA TALBAT  
6390 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884

SUBJECT: POLK COUNTY DENTAL ASSOCIATION, INC.  
Ref. Number: N20727

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Page 3 is missing; also please check the type of action for each officer and director.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 118A00017217

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18 SEP -4 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

Polk County Dental Association, Inc.

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

N20127

(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:

n/a

*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)

2016 US Hwy 92W

Auburndale, FL

33823

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2016 US Hwy 92W

Auburndale, FL

33823

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:

n/a

n/a

(Florida street address)

New Registered Office Address:

n/a

(City)

Florida

n/a

(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.*

n/a

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)

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Dr. Haider Zubaidi</u>	<u>3003 S. Florida Ave</u> <u>Ste. 101</u> <u>Lakeland, FL 33803</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Dr. Henry Acosta</u>	<u>2016 US Hwy 92 W</u> <u>Auburndale, FL</u> <u>33823</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Dr. Samuel Pero</u>	<u>701 FL-60</u> <u>Lake Wales, FL</u> <u>33853</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Dr. Annie Siassipour</u>	<u>701 FL-60</u> <u>Lake Wales, FL</u> <u>33853</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Dr. Charles Llano</u>	<u>320 W. Highlands Dr.</u> <u>Lakeland, FL</u> <u>33813</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>AP</u>	<u>Dr. Max Forni</u>	<u>701 FL-60</u> <u>Lake Wales, FL</u> <u>33853</u>

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

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

Removing Dr. Haider Zubacli  
Changing Dr. Henry Acosta to P  
Changing Dr. Samuel Pero to VP  
adding Dr. Annie Siassipour as T  
add Dr. Charles Llano as S  
changing Dr. Max Forni to AP

The date of each amendment(s) adoption: 8-14-18 8-1-18 if other than the date this document was signed.

Effective date if applicable: 8-14-18  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 8-14-18 / 10/28/18 <sup>T.T.</sup>

Signature [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)

Dr. Henry Acosta  
(Typed or printed name of person signing)

President  
(Title of person signing)