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JAN 19 2012

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Willow Wa	lk Family Dentist	ry, P.A.
DOCUMENT NUMBER: PO	100001267	' 1	
The enclosed Articles of Amend	<i>ment</i> and fee are su	bmitted for filing.	,
Please return all correspondence	concerning this ma	tter to the following:	
Matth	ew Brush		
		Name of Contact Persor	1
Willow	v Walk Fam	nily Dentistry	
		Firm/ Company	
13005	SW 1st Ro	oad, Ste 233	
		Address	
Jones	ville, FL 32	669	
		City/ State and Zip Code	
mnmbrus	h@gmail.co	om	
E-ma	il address: (to be u	sed for future annual report	notification)
For further information concerni	ng this matter, plea	se call:	
Matthew Brush		at (352	219-9923
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo-	wing amount made	payable to the Florida Depa	rtment of State:
	3.75 Filing Fee & rtificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy opy is enclosed)
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, F	rporations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle
rananassee, r	U J 2 J 17		ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

Willow Walk Family Dentistry, P.A.		
(Name of Corporation as currently filed with the F	Florida Dept. of State)	
P01000012671		
(Document Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
Tioga Dental Associates, P.A.		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable:	'Co". A professional corporation name must	abbreviation
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SEUSETARY OF SHALL IN STONE OF CORROCALLES OF CORRO
D. If amending the registered agent and/or registered office address Name of New Registered Agent Name of New Registered Agent		7:02
New Registered Office Address: (Florida str	reet address), Florida(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar to the second sec	with and accept the obligations of the position.	
Signature of New Registered	Avent if chanving	

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: X_Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Na</u>	<u>me</u>		<u>Addres</u> s	
1) X Change Add Remove	CEO	<u>Ma</u>	atthew Brush	 - -		
2) Change Add Remove				 <u>-</u> -		
3) Change Add Remove				 		
4) Change Add Remove				 · - -		
5) Change Add Remove	 			- - -		
6) Change Add Remove				 - -		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
1/1/4
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
$-\Lambda t/\Lambda$
•

The date of each amendment(s)	adoption: January 1, 2012
Effective date if applicable:	January 1, 2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
_{Davi} Janu	ary 13, 2012
Signature	Mattol
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	Matthew Brush
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)