

PO2000001555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

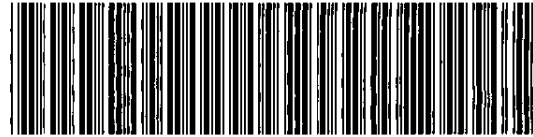
(Document Number)

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Amend
SL
7-19-11

2011 JUL 18 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

To: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ronald M. Marini, DMD, PA

DOCUMENT NUMBER: P02000001555

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

Please return all correspondence concerning this matter to the following:

Ronald M. Marini, DMD

Name of Contact Person

Ronald M. Marini DMD, PA

Firm/ Company

1495 Stellar Dr.

Address

Oviedo, FL 32765-9685

City/ State and Zip Code

rmarinidmd@aol.com

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

For further information concerning this matter, please call:

Ronald M. Marini, DMD

Name of Contact Person

at (407)

322-9992

Area Code & Daytime Telephone Number

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

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$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

Ronald M. Marini, DMD, PA

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

P02000001555

(Document Number of Corporation (if known))

FILED
2011 JUL 18 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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:

New Registered Office Address:

(Florida street address)

(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> |
|--------------|------------------|--|--|
| V | Marini, Dan M. | 1495 Stellar Drive Oviedo, FL 32765-9685 US | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| AVP | Marini, Dan M. | 1495 Stellar Drive Oviedo, FL 32765-9685 US | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| M | Zackova, Marcela | 1495 Stellar Drive Oviedo, FL 32765-9685 US | <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)

N/A

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)

Ronald M. Marini DMD owns 100% of the shares of the Corporation

Ronald M. Marini, DMD, PA

Attachment to: Amending the Officers and/or Directors.

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------------------------------|--------------------|--|-----------------------|
| Secretary | Zackova, Marcela | 1495 Stellar Drive Oviedo, Fl 32765-9685 US | Add |
| M | Weitzel, Judith A. | 21 Fawn Lane Valley Grove, WV 26026 US | Remove |
| Second Vice President | Weitzel, Judith A. | 21 Fawn Lane Valley Grove, WV 26026 US | Add |
| S | Marini, Johana M. | 1495 Stellar Drive Oviedo, Fl 32765-9685 US | Remove |
| Vice President & Sub-Secretary | Marini, Johana M. | 1495 Stellar Drive Oviedo, Fl 32765-9685 US | Add |

Dated 07/09/2011

Signature 

Ronald M. Marini, DMD
President

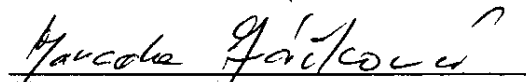
CERTIFICATE OF INCUMBENCY AND OWNERSHIP

The undersigned Directors of Ronald M. Marini DMD, PA certifies, that the officers listed below are the officers of the Corporation, that they were duly elected at the last meeting of the Board of Directors, and that they have power to act on behalf of the Corporation, including, but not limited to, the execution of any and all documents necessary to the completion of a DDA Account with Regions Bank.

| | | |
|----------------------|---|--------------|
| Ronald M. Marini DMD | President | 100.0% Owned |
| Johana M. Marini | Vice President / Sub-Secretary | 0.0% Owned |
| Marcela Zackova | Secretary | 0.0% Owned |
| Dennis A. Marini | Treasurer | 0.0% Owned |
| Dan M. Marini | Assistant Vice President / Sub Treasurer | 0.0% Owned |
| Judith A Weitzel | Second Vice President | 0.0% Owned |

I further certify that Ronald M. Marini DMD, PA is a valid and duly organized Corporation under the laws of the State of Florida, and is in good standing as of the date of this certificate.

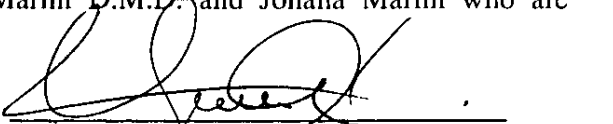
Dated this 8 day of July, 2011.

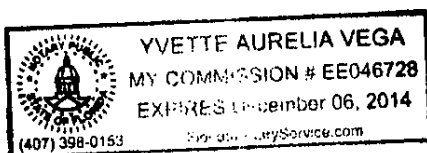

Signature of Secretary
Name: Marcela Zackova
Title: Secretary

STATE OF FLORIDA)
) SS.
COUNTY OF SEMINOLE)

The foregoing Incumbency Certificate was duly executed and acknowledged before me on July 8, 2011 by Ronald M. Marini D.M.D. and Johana Marini who are personally known to me.

(NOTARY SEAL)


(Notary Signature)
YVETTE AURELIA VEGA
(Notary Name Printed)
NOTARY PUBLIC
Commission No. EE046728

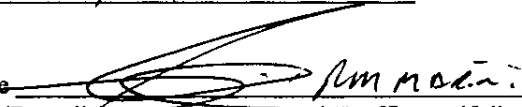


The date of each amendment(s) adoption: June 30, 2011
(date of adoption is required)
Effective date if applicable: June 30, 2011
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 07/08/2011

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ronald M. Marini, DMD
(Typed or printed name of person signing)

President
(Title of person signing)