(Requestor's Name)	
(Address)	100181844561
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	06/14/10010570:5 **5
(Ďocument Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

6/6/10

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	Total Medical and Dental Centers, Inc
DOCUMENT NU	J <b>MBER:</b>	P02000060491
The enclosed Artic	cles of Amendment and	fee are submitted for filing.
Please return all co	orrespondence concerni	ng this matter to the following:
		Winston Hernandez
		Name of Contact Person
		Total Medical, LLC
		Firm/ Company
	5409 N. State Road 7	
		Address
		Tamarac, FL 33319
		City/ State and Zip Code
	wherr E-mail address: (to	nandez@totalcenters.com be used for future annual report notification)
For further inform	ation concerning this m	atter, please call:
Wi	nston Hernandez	at (954)449-8612
Name	e of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amo	ount made payable to the Florida Department of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
P.O. Box 6	nt Section  Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation of	AH 10: 26
Total Medical and Dental Centers, Inc	
(Name of Corporation as currently filed with the Florida Dept. of State	
P02000060491	
(Document Number of Corporation (if known)	•
•	

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

ame must be distinguishable and conta	ain the word "corporation," "compar	The ny," or "incorporated" or
bbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," '	the designation "Corp," "Inc," or "C	o". A professional corpora
. Enter new principal office address, if	annlina bles	
Principal office address MUST BE A STI		
	•	,
Enter new mailing address, if applica		
(Mailing address MAY BE A POST OF	FILE BUX	
,	<del></del>	
If amending the registered agent and	or registered office address in Florids	
	of registered office address in riorida	, enter the name of the
new registered agent and/or the new i		, enter the name of the
		<u>, enter the name of the</u>
new registered agent and/or the new i	Jose E. Blandon	, enter the name of the
Name of New Registered Agent:	Jose E. Blandon  5409 N. State Road 7	, enter the name of the
	Jose E. Blandon	, enter the name of the
Name of New Registered Agent:	Jose E. Blandon  5409 N. State Road 7  (Florida street address)  Tamarac	, Florida <u>33319</u>
Name of New Registered Agent:	Jose E. Blandon  5409 N. State Road 7  (Florida street address)	
Name of New Registered Agent:  New Registered Office Address:	Jose E. Blandon  5409 N. State Road 7  (Florida street address)  Tamarac  (City)	, Florida <u>33319</u>
Name of New Registered Agent:  New Registered Office Address:  ew Registered Agent's Signature, if cha	Jose E. Blandon  5409 N. State Road 7  (Florida street address)  Tamarac  (City)  nging Registered Agent:	, Florida 33319 (Zip Code)
Name of New Registered Agent:	Jose E. Blandon  5409 N. State Road 7  (Florida street address)  Tamarac  (City)  nging Registered Agent:	, Florida 33319 (Zip Code)

## 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>	Type of Action
Owner	Winston Hernandez	5409 N. State Road 7 Tamarac, FL 33319	
PSTP Owner	Jose E. Blandon	5409 N. State Road 7 Tamarac, FL 33319	☑ Add □ Remove
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
	nendment provides for an exchang		
	ons for implementing the amendment of applicable, indicate N/A)	ent if not contained in the amendm	ent itself:
		·	

The date of each amendment(s)	adoption: June 1, 2010
•	ine 1, 2010 (date of adoption is required)
(n	o more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
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 or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	·,
(va	oting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
✓ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated_June 1,	2010
selected	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Winston Hernandez
	(Typed or printed name of person signing)
	Owner
_	(Title of person signing)