

PO2000076134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

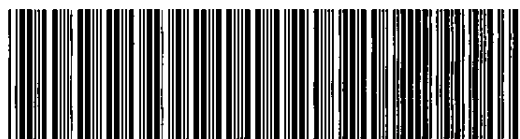
(Business Entity Name)

(Document Number)

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08/05/11--01009--023 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 24 PM 2:11

Amend
Name chg
@ 8/24/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Countryside Dental Care of Gainesville, Inc.

DOCUMENT NUMBER: P02000076134

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

Please return all correspondence concerning this matter to the following:

Angela Robinson

Name of Contact Person

Countryside Dental Care of Gainesville, Inc.

Firm/ Company

12222 Derby Race Lane

Address

Tampa, FL 33626

City/ State and Zip Code

angrobinson1971@yahoo.com

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

For further information concerning this matter, please call:

Angela Robinson

Name of Contact Person

at (352)

222-1495

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2011

ANGELA ROBINSON
COUNTRYSIDE DENTAL CARE OF GAINESVILLE
12222 DERBY RACE LANE
TAMPA, FL 33626

SUBJECT: COUNTRYSIDE DENTAL CARE OF GAINESVILLE, INC.
Ref. Number: P02000076134

We have received your document for COUNTRYSIDE DENTAL CARE OF GAINESVILLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The specific business purpose of the professional association must be stated in the document.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 711A00019077

RECEIVED
11 AUG 24 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2011

ANGELA ROBINSON
COUNTRYSIDE DENTAL CARE
12222 DERBY RACE LANE
TAMPA, FL 33626

SUBJECT: COUNTRYSIDE DENTAL CARE OF GAINESVILLE, INC.
Ref. Number: P02000076134

We have received your document for COUNTRYSIDE DENTAL CARE OF GAINESVILLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 911A00018473

RECEIVED
AUG 15 AM 11:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Countryside Dental Care of Gainesville

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

P02000076134

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 24 PM 2:11

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:

Countryside Dental Care of Tampa Bay, PA

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**)

7926 W. Hillsborough Ave, Ste B

Tampa, FL 33615

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:

Neil Rosin

New Registered Office Address:

4110 NW 37th Place, STE D

(Florida street address)

Gainesville

(City)

Florida 32606

(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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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)

Amending From countryside Dental Care of Gainesville, Inc
to the new Name Countryside Dental Care of Tampa
Bay, PA

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)

The date of each amendment(s) adoption: 8-03-2011
(date of adoption is required)
Effective date if applicable: 8-03-2011
(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 8-2-11

Signature

[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)

HERMAN GOH
(Typed or printed name of person signing)

Director
(Title of person signing)