## Po300023354

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
=		

Office Use Only



700101172927

05/03/07--01046--027 \*\*35.00

2007 HAY -3 PM 3: 30

Os s/2/07 Amend

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Naples St	udio For Cosmetic and G	eneral Dentistry, P.A.
DOCUMENT NUMBER: P03000023354	1	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
I. Al Djindil		
	of Contact Person)	<del></del>
Naples Studio For Cosn	netic and General Denti	stry, P.A.
730 Goodlette Road Nor	th, Suite 206 (Address)	
Naples, Florida, 34102		
(City/ S For further information concerning this matter	State and Zip Code) , please call:	
I. Al Djindil (Name of Contact Person)	at ( 239 ) 262-4595  (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	(indu sout & buyanna	Telephone Pullicely
✓ \$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 Claracter Claracter Tallahassee, FL 32301	ircle

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2007 MAY -3 PM 3: 30

## Articles of Amendment to Articles of Incorporation

## Naples Studio For Cosmetic and General Dentistry, P.A.

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

P03000023354
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Dr. Andrea Cameron, DDS has been added as an officer of the corporation to serve as the vice president.
(Attach additional pages if necessary)
If an amendment provides for 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
(continued)

The date of each amendment(s) adoption:O4/27/07
Effective date if applicable:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
(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)
I. Al Djindil  (Typed or printed name of person signing)
Owner/President
(Title of norgan signing)

FILING FEE: \$35