

P040000074804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

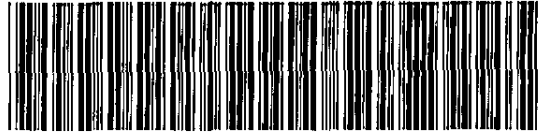
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900051795379

*Name Change &
Amend*

05/16/05--01035--018 **35.00

05/16/05--01035--019 **8.75

RECEIVED
05 MAY 16 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
05 MAY 16 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADR
5/16/05

CT CORPORATION

May 16, 2005

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6364574 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

HSA Dental Services of Florida, Inc. (FL)
New Name: HSA Dental Services of Florida P.A.
Amendment (Change of Name)
Florida

HSA Dental Services of Florida, Inc. (FL)
New Name: HSA Dental Services of Florida P.A.
Obtain Document - Misc - Certified Copy of Name Change
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Thanks !

Connie

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Articles of Amendment
to
Articles of Incorporation
of

FILED
05 MAY 16 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HSA Dental Services of Florida, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

PO 4000074804

(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:

NEW CORPORATE NAME (if changing):

HSA Dental Services of Florida P.A.

(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)**

Article III is amended to read as follows:

Article III

The purpose for which this corporation is
organized is to provide general dental services
to the public as a professional association,

(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)

The date of each amendment(s) adoption: February 11, 2005

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.

Signed this 1st day of May, 2005.

Signature

Mary L. Verardi

(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)

Mary L. Verardi

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35