

P04000128475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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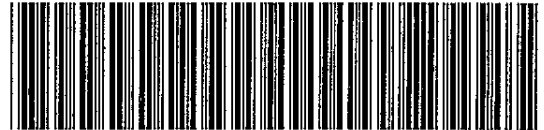
(Business Entity Name)

(Document Number)

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2004 DEC 20 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name Change
LFS

12-23-04

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Blue Cross Medical & Dental Associates, Inc.

DOCUMENT NUMBER: P04000128475

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

Please return all correspondence concerning this matter to the following:

Marco A. Noriega
(Name of Contact Person)

Blue Cross Medical & Dental Associates, Inc.
(Firm/ Company)

2314 S.W. 143 Place
(Address)

Miami, FL 33175
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Marco A. Noriega at (305) 551-6320
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 3, 2004

Marco A. Noriega
% BLUE CROSS MEDICAL & DENTAL ASSOCIATES
2314 SW 143rd Place
Miami, FL 33175

SUBJECT: BLUE CROSS MEDICAL & DENTAL ASSOCIATES, INC.
Ref. Number: P04000128475

We have received your document for BLUE CROSS MEDICAL & DENTAL ASSOCIATES, 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):

*✓ Rejected
enclosed*

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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) 245-6910.

Louise Flemming-Jackson
Document Specialist Supervisor

Letter Number: 604A00067948

RECEIVED
04 DEC 20 AM 10:42
DIVISION OF CORPORATIONS

FILED

Articles of Amendment
to
Articles of Incorporation
of

2004 DEC 20 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Blue Cross Medical & Dental Associates

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

P04000128475

(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):

Blue Cross & Associates, Inc.

(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)**

(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: November 12, 2004

Effective date if applicable: November 12, 2004
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

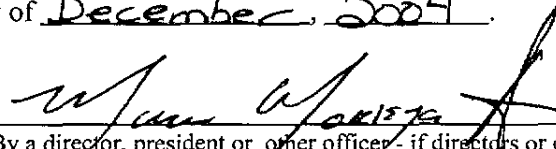
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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 15 day of December, 2004.

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)

Marco A. Noriega
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35