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TALLAHASSEE

COVER LETTER

COVER L	ETTER	050	A.
TO: Amendment Section Division of Corporations	•	TATION SEE	2 (C) Any 9. 6.
NAME OF CORPORATION: University	Dantalcare Inc.		CALE S
DOCUMENT NUMBER:		<u>-</u>	
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mate	ter to the following:		
Dr. Joseph Farag	zact Person)	· · ·	 , -
	. <u> </u>	_ 	
(Firm/ Con	mpany)		
3441 Conway Blud (Addre		. :	
(Addre	ess)	-	
Port Charlotte, F1 339:	52d Zip Code)	<u> </u>	·— <u>-</u> .
For further information concerning this matter, pleas	e call:		
Or. Farag (Name of Contact Person)	at (352) 514-86 (Area Code & Daytime T		
Enclosed is a check for the following amount:	•		
\$35 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 Corpora 409 E. Gaines Street Tallahassee, FL 323	ntions t	-

Articles of Amendment to Articles of Incorporation

Articles of Incorporation
of All Mary
University Dental care, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)
(Iname of corporation as currently fried with the Florida Dept. of State)
P04000166950
(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):
Port Charlotte Dentalcare 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)
New Business Address:
3441 Conway Blud
Port Charlotte, FL 33952
The state of the s
<u>and the state of </u>
(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: 02/04/2005
Effective date if applicable: 02/04/2005 (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 4th day of February 2005
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)
Toseph Farag (Typed or printed name of person signing)
CENICE IN
(Title of person signing)

FILING FEE: \$35