

PD5000027884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

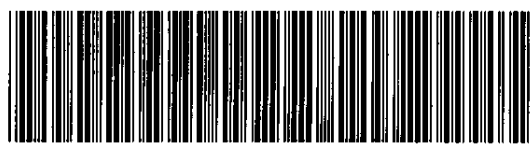
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/17/10--01023--012 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 SEP 27 PM 2:31

Amend  
Name chg  
@ 9/27/10

**COVER LETTER**

TO: Amendment Section.  
Division of Corporations

NAME OF CORPORATION: AFFORDABLE DENTAL STUDIO OF ATLANTIS, INC

DOCUMENT NUMBER: P05000027884

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

Please return all correspondence concerning this matter to the following:

DENISE GOMARA

Name of Contact Person

AFFORDABLE DENTAL STUDIO OF ATLANTIS, INC

Firm/ Company

5503 S. CONGRESS AVE #201

Address

ATLANTIS FL 33462

City/ State and Zip Code

DENIKRAMER@COMCAST.NET

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

For further information concerning this matter, please call:

DENISE GOMARA

Name of Contact Person

at ( 954 ) 559-6952

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

September 20, 2010

DENISE GOMARA  
AFFORDABLE DENTAL STUDIO OF ATLANTIS INC  
5503 S CONGRESS AVE #201  
ATLANTIS, FL 33462

SUBJECT: AFFORDABLE DENTAL STUDIO OF ATLANTIS, INC.  
Ref. Number: P05000027884

We have received your document for AFFORDABLE DENTAL STUDIO OF ATLANTIS, 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 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: 110A00022229

RECEIVED  
10 SEP 27 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AFFORDABLE DENTAL STUDIO OF ATLANTIS  
(Name of Corporation as currently filed with the Florida Dept. of State)

FILED  
CLERK OF STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
20 SEP 27 PM 2:31

Page 1 of 3

**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)*

DENTAL OFFICE

**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: 9/14/10

Effective date if applicable: 9/14/10  
(date of adoption is required)  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

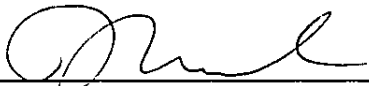
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 9/14/10

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)

DENISE GOMARA DMD  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)