

P06000101103

(Requestor's Name)

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☐ PICK-UP

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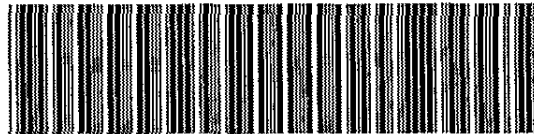
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 AUG 17 PM 9:38

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Dr. Cesae Salomone D.D.S. INC.

**DOCUMENT NUMBER:** PO6000101103

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

Please return all correspondence concerning this matter to the following:

Dr. Cesae Salomone  
(Name of Contact Person)

Dr. Cesae Salomone D.D.S.  
(Firm/ Company)

2203 N. LOIS AVE. Suite G-600  
(Address)

Tampa, FL 33607  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Cesae Salomone at (813) 541-5490  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

August 23, 2006

DR. CESAR SALAMONE  
2203 N. LOIS AVENUE  
SUITE G-600  
TAMPA, FL 33607

SUBJECT: DR. CESAR SALAMONE D.D.S. INC.  
Ref. Number: P06000101103

We have received your document for DR. CESAR SALAMONE D.D.S. INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The specific nature of business 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) 245-6908.

Sylvia Gilbert  
Document Specialist

Letter Number: 606A00051974

RECEIVED  
06 SEP -1 AM 8:00  
DIVISION OF CORPORATIONS

Articles of Amendment  
to  
Articles of Incorporation  
of

Dr. Cesar Salamone D.D.S., INC.  
(Name of corporation as currently filed with the Florida Dept. of State)

**FILED**  
06 Aug '17 PM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PO6000101103

(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):**

Dr. Cesar Salamone D.D.S., 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)**

The specific nature of business is Dentistry.  
I need to add myself, Dr. Cesar Salamone  
to be the officer/director since I am the  
president of the company.  
The officer/director should read:  
Dr. Cesar Salamone - President  
2203 N. Lois Ave. Suite G-600  
Tampa, FL 33607

(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: \_\_\_\_\_

8/29/06

Effective date if applicable: \_\_\_\_\_

9/1/06

(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.

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)

Cesar Salomone

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**