

To: FL Dept of State
Subject: 000177.72897

From: Tracy Spear

Tuesday, August 07, 2007 12:18 PM Page: 1 of 2

PO7000080396

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H070001991623)))



H070001991623ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

FILED
07 AUG -7 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FL

000177.72897

COR AMND/RESTATE/CORRECT OR O/D RESIGN

DENTAL ASSOCIATES OF HOLLYWOOD, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

07 AUG -7 AM 8:00

DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

08/07/2007 12:15:57 PM

Pat Hume
8-7-07

H07000199162 3

ARTICLES OF CORRECTION

for

DENTAL ASSOCIATES OF HOLLYWOOD, P.A.

Name of Corporation as currently filed with the Florida Dept. of State

P07000080396

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation
these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **ARTICLES OF INCORPORATION**

(Document Type Being Corrected)

filed with the Department of State on **JULY 13, 2007**


(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**The Statement Accepting Appointment as Registered Agent incorrectly reflects
Main Street Children's Dentistry and Orthodontics at Baptist Medical
Plaza, P.A. Instead of Dental Associates of Hollywood, P.A.**

Correct the inaccuracy, incorrect statement, or defect:

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
DENTAL ASSOCIATES OF HOLLYWOOD, P.A.**


(Signature of a director, president or other officer - if directors or officers have
not been selected, by an incorporator - if in the hands of the receiver, trustee, or
other court appointed fiduciary, by that fiduciary.)

MELVYN S. GOBER, D.D.S.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

H07000199162 3

FILED
07 AUG - 7 AM 10:44
SECRETARY OF STATE
ALLAHACREE, FLORIDA