P07000111252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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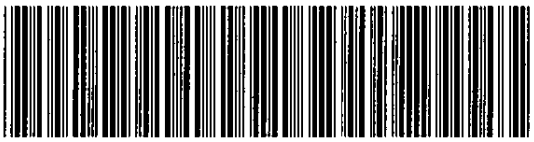

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FILED
2010 JAN 14 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C

TB JAN 19 2010

January 12, 2010

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: **NAME CHANGES FOR TWO ENTITIES**

To Whom It May Concern:

Attached please find two Articles of Amendment for name changes for the following entities:

CHANGE #1
SPIVEY CENTER FOR MODERN DENTISTRY, P.A.
TO
SPIVEY MODERN DENTISTRY NORTH, P.A.

CHANGE #2
SPIVEY MODERN DENTISTRY SOUTH, P.A.
TO
SPIVEY CENTER FOR MODERN DENTISTRY, P.A.

NOTE: the name relinquished in Change #1 is being used immediately in Change #2!!!

Per instructions from the Division of Corporations, I was instructed to enclose both Articles of Amendment for processing to ensure the name "Spivey Center for Modern Dentistry, P.A." , once relinquished in Change #1, would be immediately available (not lost) for the name change in Change #2.

Thank you for your assistance in this matter. As always, should you have any questions, please feel free to contact me at 352-391-9897 or my CPA, John Adams, Adams & Company, P.A. at 352-237-3200.

Sincerely,

Ben M. Spivey
President
Spivey Center for Modern Dentistry, P.A and
Spivey Modern Dentistry South, P.A.
2130 SW 22nd Place, Ste. 102
Ocala, FL 34471

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SPIVEY CENTER FOR MODERN DENTISTRY, P.A.

DOCUMENT NUMBER: P07000111252

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

Please return all correspondence concerning this matter to the following:

Ben M. Spivey
Name of Contact Person

Spivey Modern Dentistry North, P.A.
Firm/ Company

2130 SW 22nd Place, Ste. 102
Address

Ocala, FL 34471
City/ State and Zip Code

paula@adamscompanypa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Q. Adams II, CPA at (352) 237-3200
Name of Contact Person — 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

Articles of Amendment
to
Articles of Incorporation
of

SPIVEY CENTER FOR MODERN DENTISTRY, P.A.
(Name of Corporation as currently filed with the Florida Dept. of State)

P07000111252
(Document Number of Corporation (if known)

FILED
2010 JAN 14 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

SPIVEY MODERN DENTISTRY NORTH, P.A. *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address: *(Florida street address)*

(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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: JANUARY 11, 2010
(date of adoption is required)

Effective date if applicable: JANUARY 11, 2010
(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 JANUARY 11, 2010

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)

BEN M. SPIVEY
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)