P07000121907

(Requestor's Name)

(Address)

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TALLAHASSEE, FLORIDA

Art. of Correction
W/ Name
Change
11/20/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Robert J. Shelling, DMD, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000121907

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Shelling DMD
(Name of Contact Person)

Robert Shelling DMD, Inc
(Firm/Company)

3045 Windsor Pl.
(Address)

Boca Raton FL. 33434
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Shelling at (561) 702-0473
(Name of Contact Person) (Area Code & Daytime Telephone Number)
or Jaimie Shelling

Enclosed is a check for the following amount:

☐ $35.00 Filing Fee
☐ $43.75 Filing Fee & Certificate of Status
☑ $43.75 Filing Fee & Certified Copy
☐ $52.50 Filing Fee, Certificate of Status & Certified Copy

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 CORRECTION

for

Robert J. Shelling DMD, Inc
Name of Corporation as currently filed with the Florida Dept. of State

P07000121907
Document Number (if known)

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files 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 Nov. 8 2007.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

It was filed as
Robert J. Shelling, DMD, Inc but the
is a professional person so it
needs to be
Robert J Shelling, DMD, PA

Correct the inaccuracy, incorrect statement, or defect:

Robert J. Shelling, DMD, PA

Professional Purpose: Dentist

Robert J Shelling
(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.)

Robert J. Shelling
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: $35.00