

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

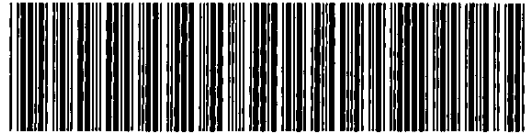
(Business Entity Name)

(Document Number)

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FILED
08 JAN 28 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JAN 31 2008

CALA HILLS DENTAL, P.A.
2130 SW 22nd Place, Ste. 102
Ocala, FL 34474

January 7, 2008

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment for Spivey Cosmetic Dentistry of Cala Hills, P.A.

To Whom It May Concern:

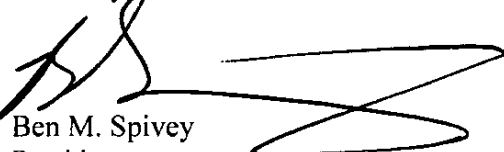
Enclosed please find the Articles of Amendment for Spivey Cosmetic Dentistry of Cala Hills, P.A.
(a name change from Spivey Cosmetic Dentistry of Cala Hills, P.A. to Cala Hills Dental, P.A.)

The Articles of Amendment are a follow up to the Articles of Correction submitted for this entity in December 2007 but were not received within the required 30-day timeframe by the State. Therefore, the Articles of Correction were rejected. A copy of the rejection is enclosed.

Additionally, the \$35 filing fee check submitted with the original Articles of Correction has been cashed by the State. I have been instructed to not send additional monies and that the original fee will be applied to the enclosed Articles of Amendment.

Thank you for your help with this matter. Should you have any questions, please feel free to contact me.

Sincerely,



Ben M. Spivey
President

BMS/pja
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2008

BEN M. SPIVEY
CALA HILLS DENTAL, P.A.
2130 SW 22ND PLACE STE 102
OCALA, FL 34474

SUBJECT: SPIVEY COSMETIC DENTISTRY OF CALA HILLS, P.A.
Ref. Number: P07000124388

We have received your document for SPIVEY COSMETIC DENTISTRY OF CALA HILLS, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 408A00000053

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SPIVEY COSMETIC DENTISTRY OF CALA HILLS, P.A.

DOCUMENT NUMBER: P07000124388

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)

Cala Hills Dental, P.A.

(Firm/ Company)

2130 SW 22nd Place, Ste. 102

(Address)

Ocala, FL 34474

(City/ State and Zip Code)

RECEIVED

2008 JAN 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Q. Adams II, CPA

(Name of Contact Person)

at (352) 237-3200

(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

Articles of Amendment
to
Articles of Incorporation
of

SPIVEY COSMETIC DENTISTRY OF CALA HILLS, P.A.
(Name of corporation as currently filed with the Florida Dept. of State)

FILED
08 JAN 28 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P07000124388

(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):

CALA HILLS DENTAL, 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)**

(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: November 15, 2007

Effective date if applicable: November 15, 2007
(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)

Ben M. Spivey

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35