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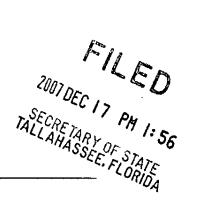
### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: SPIVEY COSMETIC D	DENTISTRY OF HEATH BROOK, P. A	
DOCUMENT NUMBER: P0700012	·	
The enclosed Articles of Correction and fee		
Please return all correspondence concernin	g this matter to the following:	
Ben M. Spivey		
(Name of Contact Person)		
Heath Brook Cosmetic Dentistry	, P.A.	
(Firm/Company)		
5400 SW Hwy. 200, Ste. 307		
(Address)		
Ocala, FL 34474		
(City/State and Zip Code) For further information concerning this matter, please call:		
John Q. Adams II, CPA	at (352) 237-3200 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	int:	
✓ \$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:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle		
	Tallahassee, FL 32301	

#### ARTICLES OF CORRECTION

for



#### SPIVEY COSMETIC DENTISTRY OF HEATH BROOK, P.A.

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

P07000124408	
Document Nur	nber (if knowπ)
Pursuant to the provisions of Section 607.0124 or these Articles of Correction within 30 days of the	file date of the document being corrected.
These articles of correction correct P07000124	(Document Type Being Corrected)
filed with the Department of State on November	•
Specify the inaccuracy, incorrect statement, or def	ect:
ARTICLE I: Entity name as filed is ir	ncorrect.
ARTICLE II: Entity address as filed is inco	orrect.
	· · · · · · · · · · · · · · · · · · ·
,	
Correct the inaccuracy, incorrect statement, or defeated.  ARTICLE I: Change the name of the entited.	ect: y to Heath Brook Cosmetic Dentistry, P.A.
ARTICLE II: Change the address to: 5	400 SW Hwy, 200, Ste. 307
· · · · · · · · · · · · · · · · · · ·	cala, FL 34474
(Signature of a director, president or other	ner officer - if directors or officers have
other court appointed fiduciary, by tha	if in the hands of the receiver, trustee, or triduciary.)
Ben M. Spivey	President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00

## **Electronic Articles of Incorporation For**

P07000124408 FILED November 16, 2007 Sec. Of State rdunlap

SPIVEY COSMETIC DENTISTRY OF HEATH BROOK, P.A.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

#### Article I

The name of the corporation is:

SPIVEY COSMETIC DENTISTRY OF HEATH BROOK, P.A.

#### Article II

The principal place of business address:

2130 SW 22ND PLACE STE. 102 OCALA, FL. US 34474

The mailing address of the corporation is:

2130 SW 22ND PLACE STE. 102 OCALA, FL. US 34471

#### **Article III**

The purpose for which this corporation is organized is:

THE CORPORATION IS FORMED TO ENGAGE IN ALL ASPECTS OF THE PRACTICE OF A DENTIST AND ALL OTHER OPERATIONS WHICH A DENTAL BUSINESS IS AUTHORIZED TO CONDUCT UNDER THE LAWS OF THE STATE OF FLORIDA.

#### **Article IV**

The number of shares the corporation is authorized to issue is: 1000

#### Article V

The name and Florida street address of the registered agent is:

BEN M SPIVEY 1815 SW 29TH STREET OCALA, FL. 34471 I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: BEN M. SPIVEY

**Article VI** 

The name and address of the incorporator is:

BEN M. SPIVEY 1815 SW 29TH STREET

OCALA, FL 34471

Incorporator Signature: BEN M. SPIVEY

**Article VII** 

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P BEN M SPIVEY 1815 SW 29TH STREET OCALA, FL. 34471 US

**Article VIII** 

The effective date for this corporation shall be:

11/15/2007

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