P07000/24883

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2010 JUL -2 A II: 15
SECRETARY OF STATE
ANASSEE, FLORIDA

Amend Thewis 1-12-10

COVER LETTER

TO: Amendment Division of C		• • •			
	•			,	
NAME OF COR	PORATION: ADJAtlantic	Dental of Puerto Rico	o. Inc.	į	
·				:	_
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DOCUMENT NU	JMBER:		***	<u>,</u>	
The enclosed Artic	cles of Amendment and fee	are submitted for filing	3 .	:	
Please return all co	orrespondence concerning t	his matter to the follow	ing:	; ;	
,		Debra Corrente	, .	i	
	,	Name of Contact Person		* :	
	Den	taQuest Ventures, LL	.C	<u>;</u>	•
•		Firm/ Company	*	*	
. :		465 Medford Street		;	
•		Address		:	
		•		•	
• . • •		Boston, MA 02129			
-		City/ State and Zip Code		! !-	
	debre corren	te@greatdentalplans.	com	i i	
	E-mail address: (to be u	sed for future annual report	notification)	<u> </u>	
•	, .	•	: • • • • • • • • • • • • • • • • • • •	j ·	
For further inform	ation concerning this matte	r, please call:		: :	·,
. Ste	efanie Niedzwiecki	at (617.	88	36-1702	
Name	e of Contact Person		& Daytime Tele	ephone Number	
Enclosed is a chec	k for the following amount	made payable to the Fl	orida Depart	ment of State	:
	□ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fed Certified Copy (Additional copy		\$52.50 Filir Certificate of Certified Co (Additional	of Status
Mailing A	ddress	Street Address		* * * * * * * * * * * * * * * * * * *	
Amendme		Amendment Sec	tion	Į	•
	f Corporations	Division of Corp		· · · · · · · · · · · · · · · · · · ·	
P.O. Box 6	•	Clifton Building		4	
	e FI 32314	2661 Executive		P	

Tallahassee, FL 32301

DentaQuest

July 1, 2010

BY FEDEX

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

Re: Amendment for Officer Changes
Florida Dental Management Group, Inc.
ADJAtlantic Dental of Puerto Rico, Inc.
Healthcare Atlantic, Inc.

Dear Sir or Madam,

Please find enclosed complete Article of Amendment filings for the above-referenced corporations, reflecting the recently appointed officers and director.

Should you have any questions, please do not hesitate to contact me at (617) 886-1702 or stefanie.niedzwiecki@greatdentalplans.com.

Very truly yours,

Stefanie Niedzwiecki

Staff Counsel

DentaQuest Ventures, LLC

Parent Co. of Florida Dental Management Group, Inc. et al

2010 JUL -2 AM 8: 00
SECRETARY OF STATE
TALLAHASSEF FIRE

465 Medford Street

Boston, MA 02129-1454

dentaquest.com

TEL 888.788.8600

FAX 617.886.1500

Articles of Amendment to Articles of Incorporation of

FILED

ADI ATLANTIC DENT	TAL OF PUERO RICC	, INC.	2010 1111	
(Name of Corporation as curre	ntly filed with the Florida De	ept. of State)	_ 2010 JUL -2 A 11:	
P070	000124883	: : :	SECRETARY OF STAT TALLAHASSEE, FLORII	Ε
	ber of Corporation (if known)		- TALLAMASSEE, FLORI	JA
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Florid</i>	la Profit Corpora	ation adopts the following	•
A. If amending name, enter the new name of	the corporation:	i i		
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc," o	r "Co". A profe	ssional corporation	
B. Enter new principal office address, if appl		· · · · · · · · · · · · · · · · · · ·	<u></u>	
(Principal office address <u>MUST BE A STREE'</u>	<u>TADDRESS</u>)	T.		
		1	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	CE BOX)	;	<u>.</u>	
				
		*		
D. If amending the registered agent and/or re	egistered office address in Flo	orida, enter the n	name of the	
new registered agent and/or the new regis		!	<u></u>	
Name of New Registered Agent:		}		
New Registered Office Address:	(Florida street addre	1		
	(Cit.)	, Flori		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changin			6.1	
I hereby accept the appointment as registered as	gent. I am jamiliar with and a	eccept the obligati	ons oj the position. —	

removed and t	ne Officers and/or Directors, enter the title, name, and address of each Office		
(Attach additio	nal sheets, if necessary)		,
<u>Title</u> Director &	Name	Address	Type of Action
Secretary	Margaret Baldwin	465 Medford Street Boston, MA 02129	_ Add _ ☐ Remove
·			
Treasurer	Holly J. Prince	2100 Ponce De Delon Blvd. Suite 950	
Assistant	Coott D. Freels	Coral Gables, FL 33134	-
<u>Treasu</u> rer	Scott R. Frock	465 Medford Street Boston, MA 02129	
PLEASE	SEE ATTACHED SHEET	<u>-</u>	
	g or adding additional Articles, enter (tional sheets, if necessary). (Be specificational sheets)		,
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provisions	ndment provides for an exchange, recl for implementing the amendment if a applicable, indicate N/A)		
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• • •		1	:

Amending the Officers and/or Directors (continued)

Secretary and Director	Myra J. Green	465 Medford Street Boston, MA 02129	ADD
Treasurer	James Collins	465 Medford Street Boston, MA 02129	ADD
Assistant Treasurer	Gordon Johnson	465 Medford Street Boston, MA 02129	ADD-

 The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the amendment. 	· the amendment(s)
Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the amendment.	· the amendment(s)
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by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the ame	the amendment(s)
must be separately provided for each voting group entitled to vote separately on the amo	•
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hu.	
(voting group)	
action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	nd shareholder
Dated 6.30 2010	
Signature Dowlun	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trusted	
appointed fiduciary by that fiduciary)	•
	1.
Fay Donohue	1
(Typed or printed name of person signing)	1
, , , , , , , , , , , , , , , , , , ,	! .
<u>Director</u>	1
(Title of person signing)	1