

PO7000131377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

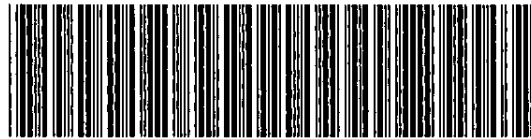
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900237095219

*Name Change  
& Amend*

07/06/12--01030--017 \*\*52.50

FILED  
2012 JUL -6 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*OK  
7/10/12*

**CLERMONT ENDODONTIC SPECIALIST, P.A.**

265 Hatteras Avenue  
Suite 2  
Clermont, Florida 34711

June 28, 2012

Internal Revenue Service  
IRS-Stop 343G  
Cincinnati, OH 45999

Re: Change in Name of Clermont Endodontic Specialist, Inc.  
(EIN: 26-1580199)

Ladies and Gentlemen:

The following information is submitted on behalf of Clermont Endodontic, Specialist, Inc. (the "Company"). Please note that on ~~May 28~~ June 28, 2012, the Company changed its name to **Clermont Endodontic Specialist, P.A.**

A copy of the Articles of Amendment filed with the Department of State of the state of Florida, evidencing the name change, is attached. Future tax returns will indicate that the name of the entity has been changed from Clermont Endodontic Specialist, Inc. to Clermont Endodontic Specialist, P.A.

Clermont Endodontic Specialist, P.A. respectfully requests that the Internal Revenue Service update its files and issue a letter confirming this change.

Please acknowledge receipt of this filing by date stamping and returning the enclosed copy of this letter in the self-addressed, stamped envelope which is also enclosed.

Please contact the undersigned at (352) 394-0150 with any questions.

Thank you,

Clermont Endodontic Specialist, P.A.

By: 

Name: Darren Sinopoli, DMD

Title: President and Sole Stockholder

Enclosure

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Clermont Endodontic Specialist, Inc.

**DOCUMENT NUMBER:** P07000131377

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

Please return all correspondence concerning this matter to the following:

Julia M Giczewski

Name of Contact Person

Ropes & Gray LLP

Firm/ Company

111 S Wacker Dr. - 46th Floor

Address

Chicago, IL 60606

City/ State and Zip Code

julia.giczewski@ropesgray.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia M Giczewski

Name of Contact Person

at ( 312 ) 845-1304

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

FILED

Clermont Endodontic Specialist, Inc.

2012 JUL -6 PM 4:31

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000131377

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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:

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

Clermont Endodontic Specialist, 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)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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

N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	<u>N/A</u> _____ _____ _____	_____ _____ _____
2) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____ _____ _____	_____ _____ _____
3) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____ _____ _____	_____ _____ _____
4) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____ _____ _____	_____ _____ _____
5) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____ _____ _____	_____ _____ _____
6) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____ _____ _____	_____ _____ _____

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

Article III

The Purpose for which this corporation is organized is:

To engage in the practice of dentistry and any and all lawful  
business.

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)

N/A

The date of each amendment(s) adoption: June 28, 2012

Effective date if applicable: \_\_\_\_\_  
(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 June 28, 2012

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)

**Darren Sinopoli, DMD**

(Typed or printed name of person signing)

**President**

(Title of person signing)

EXHIBIT A

[see attached]



**CLERMONT ENDODONTIC SPECIALIST, INC.**

*June*  
~~May 28~~ 2012

Written Consent of Sole Stockholder

The undersigned, being the sole stockholder of Clermont Endodontic Specialist, Inc, a Florida corporation (the "Corporation"), hereby consents to the following actions and adopts the following resolutions pursuant to the provisions of Section 607.0704 of the Florida Business Corporation Act and the Corporation's Certificate of Incorporation as in effect on the date hereof:

RESOLVED: That the Certificate of Amendment to the Certificate of Incorporation of the Corporation (the "Amendment") in substantially the form attached hereto as Exhibit A, be and hereby is approved;

RESOLVED: That any officer of the Corporation be and hereby is authorized and directed, in the name and on behalf of the Corporation, to sign, verify, and file such Amendment substantially in the form attached hereto as Exhibit A, with such changes therein as the officer may by his or her delivery thereof approve, and such other documents as may be necessary or appropriate in order to file the Amendment with the Department of State of the State of Florida

*[The remainder of this page is left intentionally blank]*

This consent has been executed in one or more counterparts as of the date first set forth above, shall be filed with the minutes of the meetings of the stockholders of the Corporation and shall be treated for all purposes as action taken at a meeting.

**CLERMONT ENDODONTIC SPECIALIST,  
INC.**

By: 

Name: Darren Sinopoli, DMD

Title: President