

P0800071741

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3-16-09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 12 PM 12:34

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lakeside Dental Group, Inc.

DOCUMENT NUMBER: P08000071741

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

Please return all correspondence concerning this matter to the following:

M. Cecilia Crosby
(Name of Contact Person)

(Firm/ Company)

4300 S.W. 92nd Ave
(Address)

Davie, Florida 33328
(City/ State and Zip Code)

For further information concerning this matter, please call:

M. Cecilia Crosby at (305) 323-2331
(Name of Contact Person) (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

2009 MAR 12 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lakeside Dental Group, Inc.

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

PO8000071741

(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:

Lakeside Dental Group 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**)

1015 N. STATE Rd. 7

suite B

Royal Palm Bch, FL 33411

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

same as above

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:

New Registered Office Address:

(Florida street 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

E

Article III - cont'd.

permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

Article IV Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1 par value per share, evenly split (50/50) between the designated officers.

Article VII DIRECTORS / OFFICERS

This corporation shall have the officers as follows:

President - Gina Dean-Bey

Treasurer - M. Cecilia Crosby

The addresses of the members of the Board of Directors are

President - 1900 Nebraska Avenue
Ft. Pierce, FL. 34950

Treasurer - 4300 S.W. 92nd Avenue
Davie, FL. 33328

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

E. If amending or adding additional Articles, enter change(s) here: ARTICLE III - NATURE OF BUSINESS
(attach additional sheets, if necessary). (Be specific)

ARTICLE III - The purpose of this corporation is to engage in every aspect of the business of rendering the same professional services to the public that a Doctor of Dentistry, duly licensed under the laws of the State of Florida, is authorized to render. This corporation may engage or transact in any or all lawful activities or 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)

ARTICLE IV - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1 par value per share, evenly split (50/50) between the designated officers.

The date of each amendment(s) adoption: 3/5/09

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):*

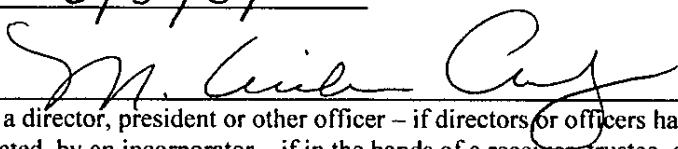
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 3/5/09

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)

M. Cecilia Crosby
(Typed or printed name of person signing)

TREASURER
(Title of person signing)