# P08883945

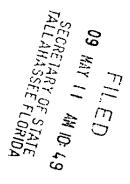
(Requestor's Name)				
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Do	ocument Number)	<del> </del>		
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer			
Special Instructions to Filing Officer:				
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Office Use Only



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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	oration: Family	Dental Care C	linic Inc
DOCUMENT NU	MBER:		
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
	Aleksande (Name	of Contact Person)	·····
<u></u>		tal Care Clinia	
	1200 S. Hig	hland Ave (Address)	
	Clearwa Len,	FL 3375L state and Zip Code)	
For further informa	tion concerning this matter,	please call:	
Dr. Prec	of Contact Person)	at ( <u>727</u> ) <u>441-1</u> (Area Code & Daytim	57/ e Telephone Number)
Enclosed is a check	for the following amount n	nade payable to the Florida De	partment 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 Ad Amendment Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2009

ALEKSANDER PRECAJ 1200 S HIGHLAND AVE CLEARWATER, FL 33756

SUBJECT: FAMILY DENTAL CARE CLINIC, INC

Ref. Number: P08000082945

We have received your document for FAMILY DENTAL CARE CLINIC, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

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) 245-6927.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 509A00013332

### **Articles of Amendment** to Articles of Incorporation of

Family Dent	ral Care Clinic :	Inc -1.0 %
(Name of Corporation as curre	ently filed with the Florida Dept. of S	tate)
		至
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006	6. Florida Statutes, this <i>Florida Prof</i>	it Corporation adopts the
following amendment(s) to its Articles of Incorp		OR C
A. If amending name, enter the new name of	the corporation:	Dr. (
Family Dontal Caco C	The DA	
The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new registered agent:  Name of New Registered Agent:		nter the name of the
New Registered Office Address:	(Florida street address)	<del></del>
		, Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.		ept the obligations of the
	ignature of New Registered Agent, if cl	hanging

## 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)

**Title** Name Address **Type of Action** Add ☐ Remove Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) ado	ption:	4-13-2009		
Effective date if applicable:	4	4-13-2-009		
Effective date if applicable:  (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adop by the shareholders was/were suff		ne number of votes cast for the amendment(s)		
		rough voting groups. The following statemen vote separately on the amendment(s):		
"The number of votes cast for	the amendment(s) was/wer	re sufficient for approval		
by(voting		"		
(voting	g group)			
The amendment(s) was/were adopt action was not required.	ted by the board of director	s without shareholder action and shareholder		
The amendment(s) was/were adop action was not required.	ted by the incorporators wit	thout shareholder action and shareholder		
Dated 4.13	·2009 Monder Pring			
Signature	Mondey frewy	er – if directors or officers have not been		
(By a directed, by	tor, president or other offic	er – if directors or officers have not been hands of a receiver, trustee, or other court		
	LEKSANDER PRI	ECAT		
	(Typed or printed nar	ne of person signing)		
	DENTIST OW	VER 1 signing)		
	(Title of person	n signing)		