# P0900000889

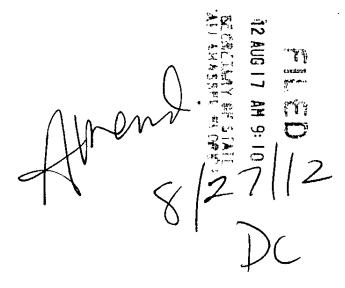
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# **COVER LETTER**

Division of Corpor	ations	,	
NAME OF CORPORA  DOCUMENT NUMBI	115	re Dental 1 20900000	Affiliates, P.A.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	·
Please return all corresp	ondence concerning this ma	tter to the following:	f
_	Michael	J Reuse	
	Sapph	Name of Contact Person	L.L.C.
_	2415	S.W. 27	h Ave
	Ocalo	Address 3	447/
		City/ State and Zip Code	
	E-mail address: (to be us	sapphive consect for future annual report	mms.com notification)
For further information	concerning this matter, pleas	1 /	2, 237-6196
Mic	nael a keu	$schel_{at}$ 352	de & Daytime Telephone Number
Name of	Contact Person		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Maili	no Address	Street	Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

A A A A A A A A A A A A A A A A A A A	
to Articles of Incorporation	
Sapphire Dental Affiliates, P.A.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P0900000889	E
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	•
A. If amending name, enter the new name of the corporation:	
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)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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	
(City) (Zip Code)	

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

New Registered Agent's Signature, if changing Registered Agent:

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 <math>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.

X Change	PT John Doe
X Remove	<u>V</u> <u>Mike Jones</u>
X Add	SV Sally Smith
Type of Action (Check One)	Title Name Address
1) Change	D Terry L Braun 2415 S.W. 27 th Ave Ocala, Fl
Add	Ocala, 71
Remove	344// ,
2) Change	D Cornelius A Link Jr 2415 S.W. 27th
Add	Ocala, Fl
Remove	<u> 3447/</u>
3) Change	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	
Remove	<del></del>
6) Change	
Add	
Remove	

Attach additional sheets, if necessary). (Be specific)  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)	If amending or adding additional Arti	<u>icles, enter change(s) here</u> :
provisions for implementing the amendment if not contained in the amendment itself:	(Attach additional sheets, if necessary).	(Be specific)
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	<u>If an amendment provides for an exch</u>	nange, reclassification, or cancellation of issued shares,
(ly not applicable, trialicate N/A)	provisions for implementing the ame	ndment it not contained in the amendment itself:
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	antion: August 14 2012
The date of each amendment(s) ad	option: 1149001 — 2012
Effective date if applicable:	V
	(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 suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder
Dated_Au	gust 1/2012
Signature	Terro Conaun
selected	rector, president of other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
_	Terry L Braun
_	(Typed or printed hame of person signing)  Director/Shareholder
	(Title of person signing)