

PO9000027473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

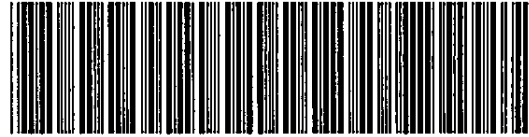
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FILED
13 APR -9 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended
4-9-13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Cano Medical Dental Inc.
DOCUMENT NUMBER: P09000027475

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

Please return all correspondence concerning this matter to the following:

Marlow Hernandez, D.O.
Name of Contact Person
Cano Medical Dental Inc.
Firm/ Company
680 N. University Drive
Address
Pembroke Pines, FL 33024
City/ State and Zip Code
DRHERNANDEZ@CANOMED.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlow Hernandez at (954) 538-6868
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2013

MARLOW HERNANDEZ, D.O.
CANO MEDICAL DENTAL INC
680 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

SUBJECT: CANO MEDICAL DENTAL, INC.
Ref. Number: P09000027475

We have received your document for CANO MEDICAL DENTAL, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 913A00005962

Articles of Amendment
to
Articles of Incorporation
of

Cano Medical Dental Inc.

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

PO9000027475

(Document Number of Corporation (if known))

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

N/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

Marlon Hernandez

6807 University Drive
(Florida street address)

New Registered Office Address:

Pembroke Pines
(City)

Florida

33024
(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]
Signature of New Registered Agent, if changing

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 leave: 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>

Type of Action
(Check One)

<u>Title</u>	<u>Name</u>
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Address

1) Change

(P)
President

Jose R. Hernandez

3496 Juniper Ln
Davie, FL 33330

Add

~~Remove~~

(VP).

Vice President

2) ~~Change~~ Change

change
to

Marlow B. Hernandez

3496 Juniper Ln
DAVIE, FL 33330

 Add

Remove

President
(P)

3) Change

Add

Remove

4) Change

 Add

 Remove

5) _____ Change

Add

 Remove

d) Change

Add

Remove

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

Jose R. Hernandez: relinquishes his 50% ownership in Cano Medical Dental Inc to Marlow B. Hernandez. Therefore the company owner is solely Marlow Hernandez, as he now possesses 100% of Cano Medical Dental Inc. shares.

The date of each amendment(s) adoption: 3/2/13

Effective date if applicable: 3/2/13

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholder(s). 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 4/8/13

Signature _____

(By a director, president or other officer, if directors or officers have not been selected, by an incorporator, or in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Marlow B. Hernandez

(Typed or printed name of person signing)

President

(Title of person signing)