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2009 APR -7 PH 12: 35
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ADVANCED SMILE CE	ENTER, P.A.		
DOCUMENT NUMBER: P09000028	me of Corporation)		
The enclosed Articles of Correction and fee			
Please return all correspondence concerning	g this matter to the following:		
JEFFREY D. WEINSTOCK, ESQ. (Name of Contact Person)			
BUCKINGHAM, DOOLITTLE & E	BURROUGHS, LLP		
5355 TOWN CENTER ROAD, SUITE 900 (Address)			
BOCA RATON, FL 33486 (City/State and Zip Code)			
For further information concerning this matter, please call:			
JEFFREY D. WEINSTOCK (Name of Contact Person)	at (561) 241-0414 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount	nt:		
☑ \$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status		
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy		
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 CORRECTION

for

ADVANCED SMILE CENTER, P.A.

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

FILED 2009 APR - 7 PM 12: 35

P0900028823
Document Number (if known)
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.
These articles of correction correct Articles of Incorporation (Decument Type Being Corrected)
filed with the Department of State on March 30, 2009 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
The name of the Corporation was incorrectly identified as
"ADVANCED SMILE CENTER, P.A.". The correct name of the Corporation should
be "ADVANCED SMILE INSTITUTE, P.A."
Correct the inaccuracy, incorrect statement, or defect:
Article I of the Articles of Incorporation is amended as follows:
Article I: The name of the Corporation is ADVANCED SMILE INSTITUTE, P.A.
1/1

Robert E. Lens

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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