

P09000034469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

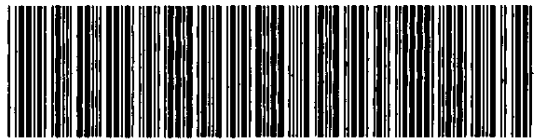
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Called 7/27.
need officer title
CRP

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05/24/10--01007--004 **35.00

19 JUL 27 AM 10:17

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
@ 7/30/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KARIM MORALES DMD,PA

DOCUMENT NUMBER: P09000034469

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

Please return all correspondence concerning this matter to the following:

AVITTXA GARCIA

Name of Contact Person

KARIM MORALES DMD,PA

Firm/ Company

2548 EMERSON DR

Address

PALM BAY FL 32909

City/ State and Zip Code

AVITTXA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR.KARIM MORALES

Name of Contact Person

at (321)

327-8506

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

May 24, 2010

AVITTXA GARCIA
KARIM MORALES DMD, PA
2548 EMERSON DR
PALM BAY, FL 32909

SUBJECT: KARIM MORALES, DMD, P.A.
Ref. Number: P09000034469

We have received your document for KARIM MORALES, DMD, P.A. 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 registered agent must sign accepting the designation.

Please list the title(s) of each officer in your document.

Officer is not an acceptable title.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 310A00013072

ED
0000
AM 9:00
2010 JUL 21
DIVISION OF STATE
SECRETARY
TALLAHASSEE

Articles of Amendment
to
Articles of Incorporation
of

KARIM MORALES DMD,PA,

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

P09000034469

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUL 27 AM 10:41

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:

2548 EMERSON DR.

(Principal office address MUST BE A STREET ADDRESS)

PALM BAY, FL 32909

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2548 EMERSON DR

PALMBAY, FL 32909

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:

AVITTXA GARCIA

New Registered Office Address:

2548 EMERSON DR.

(Florida street address)

PALM BAY, FL


(City)

Florida 32909

(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

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>
VP	AVITTXA GARCIA - VP	2548 EMERSON DR. PALMABAY, FL 32909	<input checked="" 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:
(attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

The date of each amendment(s) adoption: 5/13/2010
(date of adoption is required)
Effective date if applicable: 5/13/2010
(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 5/13/2010

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)

DR.KARIM MORALES

(Typed or printed name of person signing)

Director

(Title of person signing)