

P09000056922

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H12000020163 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN RIGHTSMILE R&D, INC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JAN 26 2012

T. BROWN

H/12000020163

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RightSmile R&D, Inc.

DOCUMENT NUMBER: P09000056922

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

Please return all correspondence concerning this matter to the following:

Aaron Stanz

Name of Contact Person

RightSmile R&D, Inc.

Firm/ Company

8251 La Palma Ave #432

Address

Buena Park, CA, 90620

City/ State and Zip Code

admin@bgmedtech.com

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

For further information concerning this matter, please call:

Aaron Stanz

Name of Contact Person

at 855 723-3283

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

enclosed)

☐ \$43.75 Filing Fee &
Certified Copy

(Additional copy is
(Additional Copy

☐ \$52.50 Filing Fee
Certificate of Status

Certified Copy

is enclosed)

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

Street Address
Amendment Section
Division of Corporations
Citron Building
2661 Executive Center Circle
Tallahassee, FL 32301

H/12000020163



January 25, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RIGHTSMILE R&D, INC
530 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33301

SUBJECT: RIGHTSMILE R&D, INC
REF: P09000056922

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H12000020163
Letter Number: 512A00001810

RECEIVED

12 JAN 25 AM 8:02

TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

FILED
2012 JAN 25 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RightSmile R&D, Inc

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

P09000056922

(Document Number of Corporation (if known))

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:

BG Medical Integrations, Inc.

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**)

5051 N Dixie Hwy

Boca Raton, FL 33431

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

5051 N Dixie Hwy

Boca Raton, FL 33431

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

BG Medical Global, Inc.

5051 N Dixie Hwy

(Florida street address)

New Registered Office Address:

Boca Raton

(City)

Florida 33431

(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)

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 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 W and S. There should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change	PT	John Doe
☐ Remove	V	Mike Jones
☒ Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☒ Remove	P	Randy Schneider	630 N Federal Hwy Fort Lauderdale, FL 33301
2) ☐ Change ☒ Add ☐ Remove	P	Aaron Stanz	6051 N. Dixie Hwy Boca Raton, FL 33431
3) ☐ Change ☐ Add ☐ Remove			
4) ☐ Change ☐ Add ☐ Remove			
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ 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)

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The date of each amendment(s) adoption: 1-23-11

Effective date if applicable: _____
(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 1-24-2012

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)

Aaron Stanz

(Typed or printed name of person signing)

CEO

(Title of person signing)

H/12000020163