P1000054009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mando Mando

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	CHEN DENTAL, P.A.	
DOCUMENT NUMBER:		P10000054609	
The enclosed Arti	cles of Amendment and fee ar	e submitted for filing.	
Please return all c	orrespondence concerning this	s matter to the following:	ь.
		NA M. KAUFMAN	
	Na	ame of Contact Person	
;	KAUFM	AN & COMPANY, P.A.	
	1200 BE	Firm/ Company RICKELL AVE STE 950	-
	1200 51	Address	· · · · · · · · · · · · · · · · · · ·
· ·	~	MAMI, FL 33131	
	DKAUFMAN@	ty/ State and Zip Code KAUFMANCPAS.COM for future annual report notification)	
	nation concerning this matter, p		55-0314
Nam	e of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida Depart	ment of State:
▼ \$35 Filing Fee ▼ The property of the	\$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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	

Articles of Incorporation

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

P10000054609

(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:

JM	CG DENTAL, P.	۹.		, <u>; ; ; ; , </u>	The 'ne
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Co	orp," "I	Inc," or "(Co". A profession	rated" or th
B. Enter new principal office address, if a	applicable;				
Principal office address <u>MUST BE A STR</u>					
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C. Enter new mailing address, if applica				į	4
(Mailing address MAY BE A POST OF	FFICE BOX)			•	
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			s in Florid	a, enter the name	of the
D. If amending the registered agent and/o new registered agent and/or the new r			s in Florid	a, enter the name	of the
new registered agent and/or the new r			s in Florid	a, enter the name	of the
D. If amending the registered agent and/onew registered agent and/or the new remarks and the new registered agent. Name of New Registered Agent:			s in Florid	a, enter the name	of the
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new registered agent and/or the new real Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if characteristics	egistered office add (Flori (City)	da stree	t address)	, Florida	77 ge 77 ge 2
new registered agent and/or the new real Name of New Registered Agent: New Registered Office Address:	egistered office add (Flori (City)	da stree	t address)	, Florida	77 ge 77 ge 2

					:	* .		
<u>If ame</u>	nding ti	ne Officers an	d/or Directors	enter the	title and r	name of each	officer/di	rector being
remov	ed and t	itle, name, an	d address of e	ach Office	r and/or D	irector bein	g ådded:	
(Attaci	h additio	nal sheets, if n	ecessary)				- 1	
<u>Title</u>		Name	;		Address	<u>.</u>	*	Type of Action
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The date of each amendmen	t(s) adoption: JULY 1, 2010	_
Effective date <u>if applicable</u> :	JULY 1, 2010 (date of adoption is required)	
•	(no more than 90 days after amendment file date)	
		•
Adoption of Amendment(s)	(CHECK ONE)	-
	ere adopted by the shareholders. The number of votes cast for the amendme ere sufficient for approval.	nt(s)
	ere approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	J
by		
	(voting group)	
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder	
Dated - JUL	Y 1, 2010	•
Signature _		
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other coupointed fiduciary by that fiduciary)	
	DANA M. KAUFMAN	
	(Typed or printed name of person signing)	
	INCORPORATOR	2 .
•	(Title of person signing)	