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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COLONY CENTER FOR MODERN DENTISTRY, P.A.

Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT L. PENROD

Name of Contact Person

COLONY MODERN DENTISTRY, P.A.

Firm/Company

P.O. BOX 340

Address

OCOE, FL 34761

City/State and Zip Code

PAULA@ADAMSCOMPANYPA.COM

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

For further information concerning this matter, please call:

JOHN Q. ADAMS II, CPA

Name of Contact Person

at ( 352 ) 237-3200

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

**COLONY CENTER FOR MODERN DENTISTRY, P.A.**

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

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**  
(Document Type Being Corrected)

filed with the Department of State on **AUGUST 2, 2010**  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**ARTICLE I: The name of the corporation is: COLONY CENTER FOR MODERN DENTISTRY, P.A.**

**ARTICLE II: The mailing address of the corporation is:**

**339 Colony Blvd.**

**The Villages, FL 32162**


Correct the inaccuracy, incorrect statement, or defect:

**ARTICLE I: The name of the corporation is: COLONY MODERN DENTISTRY, P.A.**

**ARTICLE II: The mailing address of the corporation is:**

**P.O. Box 340**

**Ocoee, FL 34761**

  
(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.)

**ROBERT L. PENROD**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**

**FILED**  
**10 AUG - 9 PM 2:54**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**