

P10000094765

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EFFECTIVE DATE

12-31-10

12/28/10--01023--001 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 28 PM 2:08

Amend & N.C.
C.COULLETTE

DEC 30 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ROBERT J. WRABLE DMD., CORP

DOCUMENT NUMBER: P10000094765

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

Please return all correspondence concerning this matter to the following:

ROBERT J. WRABLE, DMD
Name of Contact Person

ROBERT J. WRABLE, DMD
Firm/ Company

600 JIMMY ANN DR. #1424
Address

DAYTONA BEACH, FL 32114
City/ State and Zip Code

RWRABLE@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT J. WRABLE DMD at (386) 882-4782
Name of Contact Person 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

Articles of Amendment
to
Articles of Incorporation
of

ROBERT J. WRABLE DMD, CORP.
(Name of Corporation as currently filed with the Florida Dept. of State)

P 10000094765
(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:

EFFECTIVE DATE
12-31-10

ROBERT J. WRABLE DMD, P.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:
(Principal office address MUST BE A STREET ADDRESS)

737 STIRLING CENTER PLACE
SUITE 1801
LAKE MARY, FL. 32746

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

600 JIMMY ANN DRIVE #1424
DAYTONA BEACH, FL
32114

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:

ROBERT J. WRABLE DMD P.A.

New Registered Office Address:

737 STIRLING CENTER PLACE, # 1801
(Florida street address)

LAKE MARY, Florida 32746
(City) (Zip Code) (32746)

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.

Robert J. Wrable DMD P.A.
Signature of New Registered Agent, if changing

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CORPORATIONS
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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)

Title	Name	Address	Type of Action
OWNER PRESIDENT DIRECTOR	ROBERT J. WRABLE, DMD CORP	600 JIMMY ANN DR #1424, DAYTONA BEACH, FL 32114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
OWNER PRESIDENT DIRECTOR	ROBERT J. WRABLE DMD P.A	600 JIMMY ANN DR #1424 DAYTONA BEACH, FL 32114	<input checked="" 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)

JUST NEEDED TO CHANGE FROM A
"CORP." TO A P.A. (I AM A DENTIST
BUYING A PRACTICE) - THE LENDERS/
LAWYERS / ACCOUNTANT HAVE REQUESTED
CHANGE.

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)

PLEASE APPLY ANY SHARES TO THE NEW
NAME : ROBERT J. WRABLE DMD, P.A.

The date of each amendment(s) adoption: 12/20/10
(date of adoption is required)
Effective date if applicable: 12-31-10
(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 12/20/10
Signature [Signature] P.A.
(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)

ROBERT J. WAABLE DMD, P.A.
(Typed or printed name of person signing)

OWNER PROPRIETOR PRESIDENT DIRECTOR
(Title of person signing)