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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations	¥	
NAME OF CORPORATION: TMPLA	T, PERIODONTICS È	FARIAL REJUVENATION
DOCUMENT NUMBER: PILOOC	60953	
The enclosed Articles of Amendment and fee are s	submitted for filing.	FILED
Please return all correspondence concerning this m	atter to the following:	Feb 16, 2012 08:00 AM Secretary of State
FOSTER LO	VETT, CPA	Secretary of State
LOVETT È C	Name of Contact Person MPANY CA PA Firm/ Company	
400 E. ML	C BUD, SUITE 1	<u> </u>
TAMPA, FL	33603 City/ State and Zip Code	en e
E-mail address: (to be u	and consider annual report notification)	
For further information concerning this matter, plea	ise call:	• • •
FOSTER LOVETT	aı 813 23	4-3360
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	te:
☐ \$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 F. Certified Copy Certificat (Additional copy is enclosed) (Addition is enclosed)	te of Status Copy nal Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

FILED Feb 16, 2012 08:00 AM Secretary of State

Articles of Amendment to

Articles of Incorporation	
o <u>f</u>	
IMPLANT PERIODONITICS & FACIAL RETUVENATION IN	ŧ
(Name of Corporation as currently filed with the Florida Dept. of State)	J
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P11000060953	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:	to
A. If amending name, enter the new name of the corporation:	
IMPLANT DENTISTRY PERIODONTICS & FACIAL RETUVENATION 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)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
·	
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	
·•	
(Florida street address)	
New Registered Office Address: , Florida	
(City) (Zip Code)	
No. 19. Park of the control of the control production of the control of the contr	
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.	
Thereby accept the appointment as registered agent. I am junitial with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

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 officeridirector 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 V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change PTJohn Doe X Remove <u>v</u> Mike Jones <u>SV</u> Sally Smith X Add Title Address 5 Type of Action Name (Check One) Change Add Remove ___ Add _ Remove __ Change Add _ __ Remove 4) ____ Change Add Remove Change ___ Add _ _ _ Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

6) ____ Change ____ Add ____ Remove

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n amendment provides for an exchangovisions for implementing the amendment (if not applicable, indicate N/A)	ee, reclassific nent if not co	ation, or contained in	ancellation the amend	of issued sha nent itself:	res.				
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The date of each amendm	ent(s) adoption: 12-31=11	1 1	
Effective date if applicabl	(no more than 90 days after amendment file date)	į	- デュー・ ・ ・ ** *** **** **** **** **** ****
Adoption of Amendment(s) (CHECK ONE)	\$	•
	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.		
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):		
"The number of vo	ntes cast for the amendment(s) was/were sufficient for approval		
by	(voling group)	יי נ	· 一种家建康
☐ The amendment(s) was/vaction was not required.	were adopted by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and shareholder		•
Dated	accepted copy without signature	ı	६,३००० कृष्णः
Signature		a -r .	5 4
	(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)		
	(Typed or printed name of person signing)	: }	ar - <u></u>
	(Title of person signing)		