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SECRETARY OF STATE

C. LEWIS

JUL 1 6 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: On Top of the World Dental P.A.
DOCUMENT NUMBER: P130000 S4975
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vivek Nerikar Name of Contact Person
On Top of the World Dental, P.A. Firm/Company
4019 N.W. 17th PL
Gainesville FL 32605 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (904) 553 - 4859 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of



On Top of the World Dental P. A 14 JUN 30 PM 12: 44 (Name of Corporation as currently filed with the Florida Dept. of State)
P1300054975 (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) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: World Dental Associates 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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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 Vivek Neri Kar
4019 N. W. 17 th PL (Florida street address) New Registered Office Address: Gaines Ville, Florida 32605
(City) (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 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

ttiacii aaamonai s	heets, if necessa	Articles, enter c ry). (Be specifi	c)		
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f an amendment r	rovides for an	exchange, reclas	sification, or can	cellation of issue	l shares,
orovisions for im (if not applica	olementing the s ble, indicate N/A	<u>amendment if no</u> 4)	ot contained in th	e amendment its	<u>elf:</u>
		NIR			
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The date of each amendment(s) adoption:	SECKETARY OF STATE SECKETARY OF STATE	, if other than the
date this document was signed. Effective date if applicable:	14 JUN 30 PM 12: 44	- -
Interior date in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(vo	oting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated 6 24	2014	
Signature (By a director, pres	sident or other officer – if directors or officers have not been	
selected, by an inc	corporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciar	y by that fiduciary)	
	Vivek V. Nerikar	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	