# P14000013841

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EDISON MALL DENTAL, PA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EDISON MA	ALL DENTAL, P.A.
DOCUMENT NUMBER: P1400001384	
The enclosed Articles of Amendment and fee are suf	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Rostislov Krasnov	/
	Name of Contact Person
EDISON MALL D	ENTAL, P.A.
	Firm/ Company
4125 CLEVELAN	D AVENUE, SUITE 1430
	Address
FORT MYERS, F	L 33901
	City/ State and Zip Code
rkrasnov@yahoo.con	n
<b>~</b> ,	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
	at () Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
□ \$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  S52.50 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

EDISON MALL DENTAL, P.A				
(Name of Corporation as current	ly filed with the Florida	Dept. of State)		
P14000013841				
(Document Number	er of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florid</i>	a Profit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new name of the	ne corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co".	ompany," or "incorpor A professional corporati	ated" or the abb ion name must co	revlation intain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.				£ .8.7
		<del></del>		支管
C. Enter new mailing address, if applicable:				ઝ
(Mailing address MAY BE A POST OFFICE	BOX)			4年730年10日
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				- E
D. If amending the registered agent and/or reg new registered agent and/or the new register		Florida, enter the name	e of the	
Name of New Registered Agent				
	(Florida street add	ress)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
•				
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		nd accept the obligations	of the position.	
	CM B			
Signature of	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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Ross Krasnov, DDS	17555 Collins Avenue
Add			Suite 2401
Remove			Sunny Isles Beach, FL
2) Change	Р	Rostislov Krasnov	17555 Collins Avenue
Add	\ <u></u>		Suite 2401
Remove			Sunny Isles Beach, FL
3) Change			
Add		•	
Remove			
4) Change			
Add			- 10-1
Remove			
5) Change			
Add			,
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) as date this document was signed.	Topition:	. If other than ti
Effective date if applicable:	(no more than 90 days after amendment file date)	
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Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shateholders. The number of votes east for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
•	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedM	ay 29, 2014	
Signature	irector, president or other officer if directors collicers have not been	
(By a Q	d, by an incorporator - if in the lands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary) R. KRASWOV	
·	(Typed or printed name of person signing)	
•	President	
	(Title of person signing)	

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