8/17/2018 Division of Corporations H18000241294 3

P18000079971

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000241294 3)))

H18000241294 3ABC*

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.
Account Number : I20040000167
Phone : (305)377-0809
Fax Number : (305)377-0781

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
S.C. DENTAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$35.00

FILED
2018 AUG 17 A 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
18 AUG 17 AM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

H18000241294 3
AUG 20 2018
T. LEMIEUX

https://efile.sunbiz.org/scripts/efilcovr.exe

H18000241294 3

ARTICLES OF CORRECTION

For

S.C. DENTAL, INC.

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

P18000067271

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 the Articles of Incorporation.

(Document Type Being Corrected)

filed with the Department of State on August 3, 2018.

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name of the president and director stated in Article VIII is inaccurate.

Correct the inaccuracy, incorrect statement, or defect:

Article VIII - The following shall be the initial officer and director of the Corporation:

Anne Christine Stephie Castera President and Director

(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.)

Anne Christine Stephie Castera

(Typed or printed name of person signing)

President/Director

(Title of person signing)

Filing Fee: $35.00

FILED
2018 AUG 17 A 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000241294 3