

P24000072542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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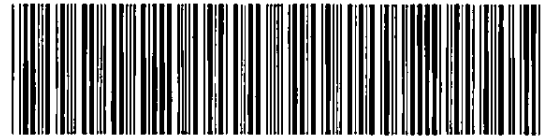
(Business Entity Name)

(Document Number)

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Articles of
Correction

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SECRETARY OF STATE
CORPORATE SERVICES
1000 PENNSYLVANIA AVENUE
HARRISBURG, PA 17103

A. RAMSEY

DEC. 12 2024

FILED

2024 DEC 11 AM 11:29

SECRETARY OF STATE
CORPORATE SERVICES
1000 PENNSYLVANIA AVENUE
HARRISBURG, PA 17103

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IMPLANT DENTISTRY OF SOUTH FLORIDA PA

Please Debit FCA000000003 For: 35

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Implant Dentistry of South Florida PA
Name of Corporation

DOCUMENT NUMBER: P24000072542

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brent Ford

Name of Contact Person

Firm/Company

81 Fairview E

Address

Jupiter, FL 33469

City/State and Zip Code

BrentFordUF@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason R. Kaplan, ESQ. at (561) 257-5000

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

Implant Dentistry of South Florida, PA

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

P24000072542

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Articles of Incorporation

(Document Type Being Corrected)

filed with the Department of State on 11/26/2024

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article VIII states the effective date for this
corporation shall be 01/01/2025

Correct the inaccuracy, incorrect statement, or defect:

Article VIII shall now state that the effective date
for this corporation shall be 12/01/2024

Brent Ford

(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.)

Brent Ford

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

FILED
2024 DEC 11 AM 11:29
CLERK OF THE COURT
JANUARY 11 2025