P93000028250

(Requestor's Name)				
· ·				
ENDODONTIC ASSOCIATES				
24820 Burnt Pine Drive, Suite 3				
Bonita Springs, Florida 34134				
· · · · · · · · · · · · · · · · · · ·				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entry Hame)				
(Document Number)				
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01/22/09--01006--008 **35.00

DIVISION OF CORPORATIONS

Amend (10)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Limited to E	NDODONTICS-Duthwest PA
DOCUMENT NUMBER: 193000	28250
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
William McGra (Name of Conta	act Person)
ENDODONTIC ASSOC	npany)
3440 Tamiamí Tra	11 # 3, Port charlotte
Port Charlotte, FL	53 95 2 Zip Code)
For further information concerning this matter, please	call:
William McGrady DWD (Name of Contact Person)	at (239) LYI-LY & 3 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Already paid \$3500	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$\$ Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301



January 29, 2009

ENDODONTIC ASSOCIATES 24820 BURNT PINE DRIVE - STE. 3 BONITA SPRINGS, FL 34134

SUBJECT: LIMITED TO ENDODONTICS-SOUTHWEST, P.A.

Ref. Number: P93000028250

We have received your document for LIMITED TO ENDODONTICS-SOUTHWEST, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 109A00003314

Irene Albritton Regulatory Specialist II

District of Commentions D.O. DOV COOK Well-based Fig. 11, 20014

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P 9 30000 ア と こ て め	
(Document Number of Corporation (if known)	
 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation ad following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 	lop
The new name must be distinguishable and contain the word "corporation," "company," of "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."	or
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 new registered agent and/or the new registered office address:	<u>th</u>
Name of New Registered Agent: ADD! Dr. Dennis Siddigi 3440 Tamiami Trail, #3 New Registered Office Address: (Florida street address)	
Port Charlotte, Florida 339 (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 obligation position. Signature of New Registered Agent, if changing	7.S
Page 1 of 3	

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)

<u>Title</u>	<u>Name</u>		Address	Type of Action
Dr.	Dennis Si	ddigi #3	3440 Tamiam	1 1r, 8 Add Remove
				Add Remove
•				
	ing or adding addition ditional sheets, if neces			
provisio		he amendment if no	ssification, or cancellation t contained in the amend	

The date of each amendment(s) adoption: Feb 3, 2009
Effective date if applicable: Feb 3, 100 4 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statemed must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated Feb 3, 200 g Signature William S, Mc Franky
Signature William W. W. Gody (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)
William McGrady (Typed or printed name of person signing)
President Enpopontic Associates.
(Title of person signing)