

P94000072437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400102097794

06/01/07--01023--026 \*\*43.75

APPROVED  
AND  
FILED

07 JUN - 1 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2007 JUN - 1 PM 12:27

TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

*Amend & N.C.*

C. Goulette JUN 01 2007

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      TRACY SPEAR

**DATE:**            06/01/07

**REF. #:**           000174.69179

**CORP. NAME:**   HERITAGE DENTAL, P.A.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK#** 521523 **FOR \$43.75**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF AMENDMENT  
TO THE ARTICLES OF INCORPORATION OF  
HERITAGE DENTAL, P.A.**

APPROVED  
AND  
FILED  
07 JUN - 1 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, certifies that:

1. He is the President of HERITAGE DENTAL, P.A., a Florida corporation, whose Articles of Incorporation were filed with the Secretary of State, State of Florida, on September 29, 1994.

2. The following amendments to the Articles of Incorporation were unanimously adopted and approved by the sole Shareholder and sole Director, by written consent in lieu of a meeting, dated May 15, 2007. The number of votes cast by the sole Shareholder and sole Director was sufficient for approval.

3. Article I of the Articles of Incorporation is hereby amended in its entirety to read as follows:

**ARTICLE I - NAME**

The name of this Corporation is:

ADVANCED DENTAL CARE (FT. MYERS), P.A.

4. Article VI of the Articles of Incorporation is hereby amended in its entirety to read as follows:

**ARTICLE VI – REGISTERED AGENT AND ADDRESS**

The registered agent and the street address of the registered office of this Corporation is:

David P. Nichols  
One So. School Ave., #1000  
Sarasota, Florida 34237

5. Article VII of the Articles of Incorporation is hereby amended in its entirety to read as follows:

ARTICLE VII - DIRECTORS

This Corporation shall have one (1) Director initially. The number of Directors may be changed from time to time by Bylaws adopted by the Shareholders. The name and address of the member of the Board of Directors is:


Michael Childers  
One So. School Ave., #1000  
Sarasota, Florida 34237

IN WITNESS WHEREOF, the undersigned President of the Corporation has executed these Articles of Amendment this 31<sup>st</sup> day of May, 2007.

  
\_\_\_\_\_  
Michael Childers, President

Having been named as Registered Agent and to accept service of process for ADVANCED DENTAL CARE (FT. MYERS), P.A at the place designated in the Articles of Amendment, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Date: 5/22/07

  
\_\_\_\_\_  
David P. Nichols

"REGISTERED AGENT"