## P98000104434

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(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



200157355982

06/19/09--01036--009 \*\*43.75

The Mange

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF COR	RPORATION:Rita	C. Ayala , DDS PA			
DOCUMENT N	UMBER: p98000	0104434			
The enclosed Arti	icles of Amendment and fee	are submitted for filing.			
Please return all c	orrespondence concerning th	is matter to the following:			
	Roma	an Nunez			
		Name of Contact Person	·		
	Rita (	C. Ayala, DDS PA			
Firm/ Company					
9280 Hammocks Blvd #102					
		Address			
		, FL 33196			
	С	ity/ State and Zip Code			
	romai	n@nunezaccounting.com d for future annual report notification)			
	E-man address. (to be use	d for future annual report notification)			
For further information	ation concerning this matter,	please call:			
Roman	Nunez	at ( <u>305</u> ) <u>222-</u>	1280		
Name	of Contact Person	Area Code & Daytime Te	lephone Number		
Enclosed is a check	k for the following amount m	nade payable to the Florida Depar	tment of State:		
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Ac	<del> </del>	Street Address Amendment Section			
Amendment Section Division of Corporations		Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment** F 52 9 to

Rita C. Ayala, DDS PA  (Name of Corporation as currently filed with the Florida Dept. of State)  P98000104434  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation mendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  HAMMOCKS DENTAL P.A.  Ame must be distinguishable and contain the word "corporation," "company," or "incorpool babreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A profession ame must contain the word "chartered," "professional association," or the abbreviation "P.A."  S. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS   Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:  Name of New Registered Agent:	The new
(Name of Corporation as currently filed with the Florida Dept, of State)  P98000104434  (Document Number of Corporation (if known)  ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation mendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  HAMMOCKS DENTAL P. A.  The me must be distinguishable and contain the word "corporation," "company," or "incorpo obreviation "Corp.," "Inc.," or Co., "or the designation "Corp," "Inc.," or "Co". A profession time must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS   Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:	adopts the follow
P98000104434  (Document Number of Corporation (if known)  ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation mendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  HAMMOCKS DENTAL P.A.  The me must be distinguishable and contain the word "corporation," "company," or "incorporation "Corp." "Inc." or Co." or the designation "Corp." "Inc." or "Co". A professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:	adopts the follow
(Document Number of Corporation (if known)  arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation mendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  HAMMOCKS DENTAL P.A.  The must be distinguishable and contain the word "corporation," "company," or "incorporation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A profession time must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:	adopts the follow
If amending address, if applicable:  [Mailing address MAY BE A POST OFFICE BOX]  If amending the registered agent and/or registered office address in Florida, enter the name of the name of the corporation.	The new
If amending name, enter the new name of the corporation:  HAMMOCKS DENTAL P.A.  me must be distinguishable and contain the word "corporation," "company," or "incorpo breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A profession, me must contain the word "chartered." "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS )  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:	The new
HAMMOCKS DENTAL P.A.  me must be distinguishable and contain the word "corporation," "company," or "incorpo breviation "Corp.," "Inc.," or Co., " or the designation "Corp.," "Inc.," or "Co". A profession me must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS )  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:	The new
me must be distinguishable and contain the word "corporation," "company," or "incorpo breviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A profession, me must contain the word "chartered." "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS.)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:	The new
If amending the registered agent and/or registered office address in Florida, enter the name of meaning the registered agent and/or registered office address:	ated" or the
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
, Florida	
(City) (Zip Code)	
w Registered Agent's Signature, if changing Registered Agent:	
creby accept the appointment as registered agent. I am familiar with and accept the obligations of	

Signature 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			☐ Add☐ Remove
<del></del> -			П о
<del></del>			
provision	endment provides for an exchange, reas for implementing the amendment is applicable, indicate N/A)		
			•

Jume 15,2009
more than 90 days after amendment file date)
(CHECK ONE)
opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.
proved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):
for the amendment(s) was/were sufficient for approval
,,
ing group)
opted by the board of directors without shareholder action and shareholder
opted by the incorporators without shareholder action and shareholder
ne 04,2009
Page 1
ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)
Rita C. Ayala (Typed or printed name of person signing)