

P06000000419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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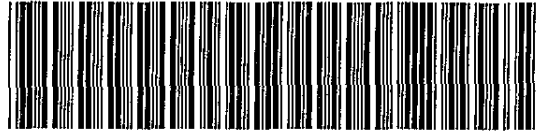
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RUIZ-PEDRE MEDICAL EQUIPMENT CORP
(Name of Corporation)

DOCUMENT NUMBER: P06000000419

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

Please return all correspondence concerning this matter to the following:

LUIS RUIZ
(Name of Contact Person)

RUIZ-PEDRE MEDICAL EQUIPMENT CORP
(Firm/Company)

4209 NW 74 AVENUE SUITE 204
(Address)

MIAMI, FLORIDA 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS RUIZ at (305) 519-1327
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

RUIZ-PEDRE MEDICAL EQUIPMENT CORP

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

P06000000419

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 CORPORATION ADDRESS & REGISTERED NAME
(Document Type Being Corrected)

filed with the Department of State on 1-3-06
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

PLEASE CHANGE THE CORPORATION ADDRESS

**NOW LISTED 4209 NW 74 AVENUE SUITE 204, MIAMI,
FLORIDA 33166**

ALSO CHANGE THE REGISTERED AGENT AND PRESIDENT

Correct the inaccuracy, incorrect statement, or defect:

**THE CORRECT ADDRESS FOR THIS CORPORATION
SHOULD READ**

5209 NW 74 AVENUE SUITE 204, MIAMI, FL 33166

**THE CORRECT NAME FOR THE PRESIDENT AND
REGISTERED AGENT SHOULD BE: LUIS MANUEL RUIZ.**

(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.)

Luis Manuel Ruiz
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA