

P130000010601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

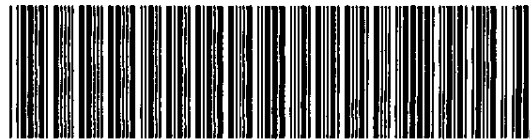
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13 FEB 15 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2013

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gail Levy, MD PA
Name of Corporation

DOCUMENT NUMBER: P13000010601

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

Please return all correspondence concerning this matter to the following:

Gail Levy
Name of Contact Person

Firm/Company

20533 Biscayne Blvd #232
Address

Aventura, FL 33180
City/State and Zip Code

Levy gail@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Levy at (954) 612-2535
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

For

FILED

13 FEB 15 AM 11:39

Gail Levy MD PA

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

P13000010601

Document Number (if known)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Articles of Incorporation
(Document Type Being Corrected)

filed with the Department of State on 1/31/13
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

incorrect name

Pres. Name + RA

Correct the inaccuracy, incorrect statement, or defect:

name should be Gail + Levy, MD PA

Pres Name should be Gail + Levy + RA

✓ Gail Levy

(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.)

Gail + Levy

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00