| (F | Requestor's Name) | |
|---|-------------------------|--|
| (<i>F</i> | Address) | |
| (<i>f</i> | Address) | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| (E | Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| lD | | |

Office Use Only



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SECRETARY OF STATE

APPROVEL AND FILED



COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|--|
| | Name of Corporation |
| DOCUMENT NUMBER: 21000 | 500 22994 |
| The enclosed Articles of Correction and f | ee are submitted for filing. |
| Please return all correspondence concerni | ing this matter to the following: |
| Glen Gunde | Fson DC. |
| Grand Oaks | clinic, Tre. |
| 26314 54 ate 1 | 2d 54 (Wesley Chapel BIVd |
| Lutz Fl 3355 City/State and Zip Code | 9-7208 |
| Emaj address: (to be used for nuture annual | report notification) |
| For further information concerning this m | natter, please call: |
| Kathy Gunders | Sonat (813) 4104 - 5454 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amo | ount: |
| \$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



April 14, 2010

GLEN GUNDERSON DC 26314 SR 54 WESLEY CHAPEL BLVD LUTZ, FL 33559-7208

SUBJECT: GRAND OAKS CLINIC, INC.

Ref. Number: P10000022994

We have received your document for GRAND OAKS CLINIC, INC. 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 document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6957.

Letter Number: 810A00009249

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

ARTICLES OF CORRECTION

for 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. 'Articles of incorporation These articles of correction correct

filed with the Department of State on _

Specify the inaccuracy, incorrect statement, or defect:

| Article V Initial Officer | |
|-------------------------------------|---|
| Shawn Simpson D.O. | |
| | _ |
| Registered Agent | |
| Registered Agent Glen Gunderson DC. | |

Correct the inaccuracy, incorrect statement, or defect:

Bignature of a director, president or other officer - if directors or others never not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Glan A. Gundersun, O. C.
(Typed or printed name of person signing)

Filing Fee: \$35.00

I Charlie Kelly am familiar with and accept the duties and responsibilities as registered agent for Grand Oaks Clinic, Inc.

Sincerely,

Charlie Kelly