

N05000012659

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 06 2006

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Hospital Wesley Chapel, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N05000012659

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

Please return all correspondence concerning this matter to the following:

Sarah Feb - Legal Dept.

(Name of Contact Person)

Adventist Health System

(Firm/Company)

111 N. Orlando Avenue

(Address)

Winter Park, Florida 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Feb

(Name of Contact Person)

at (407) 975-1494

(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

Florida Hospital Wesley Chapel, Inc.

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

N05000012659

Document Number (if known)

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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 12/16/05
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article II, fourth line: "38541"

Correct the inaccuracy, incorrect statement, or defect:

Replace above zip code with "33541"



(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.)

Ariel De Prada

(Typed or printed name of person signing)

Assist. Secretary

(Title of person signing)

Filing Fee: \$35.00