

N 070000002959

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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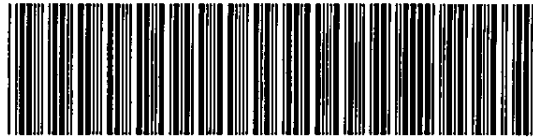
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alpha One Assisted Living Facility Enterprise  
(Name of Corporation)  
Inc.

**DOCUMENT NUMBER:** N07000002959

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

Please return all correspondence concerning this matter to the following:

John M Donniacuo  
(Name of Contact Person)

Registered Corporate Agents Inc  
(Firm/Company)

612 S. MLK Jr Ave  
(Address)

Clearwater, FL 33756  
(City/State and Zip Code)

For further information concerning this matter, please call:

John M Donniacuo (727) 447-9546  
(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

Alpha One Assited Living Facility Enterprise, Inc  
Name of Corporation as currently filed with the Florida Dept. of State

NO7000002959  
Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation has these Articles of Correction within 30 days of the file date of the document being corrected

These articles of correction correct Non Profit  
(Document Type Being Corrected)

filed with the Department of State on 3-20-07  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Assisted is spelled Assited in the  
Corporation

Correct the inaccuracy, incorrect statement, or defect:

Alpha One Assisted Living Facility Enterprise,  
Inc.

Ronald E Richardson VP  
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.)

Ronald E Richardson  
(Typed or printed name of person signing)

U.P.  
(Title of person signing)

Filing Fee: \$35.00

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07 APR -4 PM 4:05  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE