(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		-
·		

Office Use Only



900173390619

04/01/10--01013--024 **52.50

10 APR -1 PH 12: 35

AH COCCUS

MAHIN

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: IMANA Tampa Bay Chapter, Inc. Name of Corporation			
DOCUMENT NUMBER: N10000003	3054		
The enclosed Articles of Correction and fe	e are submitted for filing.		
Please return all correspondence concerning	ng this matter to the following:		
Bruce Kadoura Name of Confact Person			
Kadoura & Co., LLC			
P.O. Box 66758			
St. Pete Beach, Florida 33736 City/State and Zip Code			
Brucekad@hotmail.com E-mail address: (to be used for future annual re	port notification)		
For further information concerning this matter, please call:			
Bruce Kadoura Name of Contact Person	at (727) 643-0150 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amor	unt:		
\$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

IMANA Tampa Bay Chapter, Inc.
Name of Corporation as currently filed with the Florida Dept of State
N1000003054 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 Electronic Articles of Incorporation (Document Type Being Corrected)
filed with the Department of State on March 25, 2010 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
Article II: 500 Vonderberg, Suite 203E, Brandon, Florida 33609
Article III: Provide Free Medical Care and Food Distribution
Article V: Registered Agent-Husain Nagami, MD, 500 Vonderburg Drive, #203E, Brandon
Florida 33609
Article VI: Huain Nagamia
Correct the inaccuracy, incorrect statement, or defect:
Article II: 500 Vonderburg Drive, Suite 203E, Brandon, Florida 33511
Article III: Provide Free Medical Care, Medical Education and Food Distribution.
Article V: Registered Agent-Husain Nagamia, MD, 500 Vonderburg Drive, #203E,
Brandon, Florida 33511
Article VI: Husain Nagamia
·
(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.)
+ HUSAIN NAGAMIA Treasurer (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00