

N120000010947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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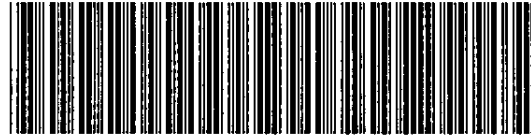
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Aug 10/12

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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DEC 03 2012

T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MIDWAY INFECTIOUS DISEASES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N12000010947

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

Please return all correspondence concerning this matter to the following:

**ANAND SUKHRAM**

Name of Contact Person

**MIDWAY INFECTIOUS DISEASES, INC.**

Firm/Company

**356 E MIDWAY ROAD**

Address

**FT PIERCE, FL. 34982**

City/State and Zip Code

**anansukh@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Anand Sukhram**

Name of Contact Person

at ( **772** ) **464-9746**

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

MIDWAY INFECTIOUS DISEASES, INC.

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

N12000010947

Document Number (if known)

FILED  
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DIVISION OF CORPORATIONS  
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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)

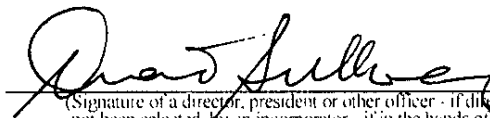
filed with the Department of State on 11/20/2012  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

MIDWAY INFECTIOUS DISEASES, INC.

Correct the inaccuracy, incorrect statement, or defect:

MIDWAY INFECTIOUS DISEASES CENTER, INC.

  
(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.)

Anand Sukhram

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

Filing Fee: \$35.00