

N12000010947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400242401584

12/07/12--01010--025 **35.00

FILED
12 DEC -7 PM 4:02
STATE
TALLAHASSEE, FLORIDA

Autoflow/We

DEC 10 2012

C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIDWAY INFECTIOUS DISEASES CENTER, 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 CENTER, 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 CENTER, INC.

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

N12000010947

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 ARTICLES OF INCORPORATION

(Document Type Being Corrected)

filed with the Department of State on 11/20/2012

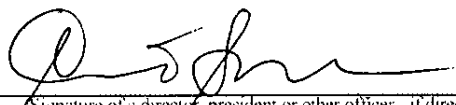
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

MIDWAY INFECTIOUS DISEASES CENTER, INC.

Correct the inaccuracy, incorrect statement, or defect:

MIDWAY SPECIALITY CARE 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

FILED
12 DEC -7 PM 4:02
TALLAHASSEE
FL 32301