

PO 2000120718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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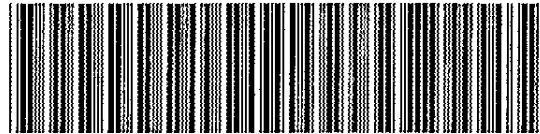
(Business Entity Name)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: INTERNAL MEDICINE SOLUTIONS, PA

(Name of Corporation)

P02000120718

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

MITCHELL J. HOWARD, CPA

(Name of Person)

3800 S. OCEAN DR, SUITE 219

(Name of Firm/Company)

(Address)

HOLLYWOOD, FL 33019

(City/State and Zip Code)

For further information concerning this matter, please call:

MITCHELL HOWARD

(Name of Person)

at ( 954 ) 454-1119

(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, Florida 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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# ARTICLES OF CORRECTION

for

INTERNAL MEDICINE SOLUTION, PA

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

P02000120718

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction.

These articles of correction correct ARTICLES OF INCORPORATION

(Document Type)

filed with the Department of State on NOVEMBER 12, 2002

(File Date of Document)

Specify the incorrect statement and reason it is incorrect or the manner in which the execution was defective:

THE NAME OF THE CORPORATION TRANSMITTED ON NOVEMBER 12 INCLUDED

A TYPOGRAPHICAL ERROR.

THE NAME WAS INCORRECTLY REGISTERED AS INTERNAL MEDICINE

SOLUTION, PA

Correct the incorrect statement or defective execution:

THE NAME WAS INTENDED TO BE REGISTERED AS:

INTERNAL MEDICINE SOLUTIONS, PA

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TALLAHASSEE, FLORIDA

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*Clinton Jules*

Signature of the Chairman or Vice Chairman of the Board of Directors, any officer, or an incorporator, if applicable.

CLINTON JULES

Typed or printed name of signee

PRESIDENT

Title

Filing Fee: \$35.00