

P03000079203

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(Requestor's Name)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DOC MED PROFESSIONAL BILLING SERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000079203

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

Please return all correspondence concerning this matter to the following:

MANUEL DEL CANAL  
(Name of Person)

10942 SW 134 AVENUE  
(Address)  
MIAMI, FL. 33186-3312  
(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL DEL CANAL at (305) 606-4986  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35.00 Filing Fee  
☒ ~~\$43.75~~ \$43.75 Filing Fee & Certificate of Status  
☐ \$43.75 Filing Fee & Certified Copy  
☒ ~~\$52.50~~ \$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

Doc MED PROFESIONAL BILLING SERVICES INC.

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

P030000079203

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 ELECTRONIC ARTICLES OF INCORPORATION

(Document Type)

filed with the Department of State on JULY 18, 2003

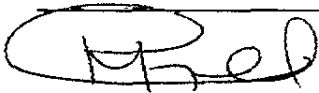
(File Date of Document)

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

THE WORD "PROFESSIONAL" IN THE TITLE  
IS MISPELLED. THE ELECTRONIC FILING  
REFLECTS "PROFESIONAL."

Correct the incorrect statement or defective execution:

PLEASE CORRECT THE TITLE OF THE  
CORPORATION SO THAT THE WORD  
PROFESSIONAL IS SPELLED PROPERLY.



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

MANUEL DEL CAÑAL

Typed or printed name of signee

INCORPORATOR AND  
REGISTERED AGENT.

Title

**Filing Fee: \$35.00**

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA