

P03000139009

(Requestor's Name)

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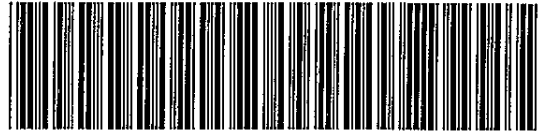
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T BROWN DEC 10 2003

Articles of Incorporation with n/c

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VIVIANA COMEGNA, MD, PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000139009

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

Please return all correspondence concerning this matter to the following:

Zvi RAFILOVICH, CPA  
(Name of Person)

Zvi RAFILOVICH, CPA, PA  
(Name of Firm/Company)

5313 MCKINLEY ST.  
(Address)

HOLLYWOOD, FL 33021  
(City/State and Zip Code)

For further information concerning this matter, please call:

Zvi RAFILOVICH at ( 954 ) 243-6376  
(Name of Person) (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

ARTICLES OF CORRECTION

for

VIVIANA CONEGNA, MD, P.A.

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

P03000139009

Document Number (if known)

FILED  
03 DEC -3 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

filed with the Department of State on NOVEMBER 24, 2003

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME OF CORPORATION INCORRECTLY TRANSMITTED

Correct the inaccuracy, incorrect statement, or defect:

NAME OF CORPORATION SHOULD BE

VIVIANA COLMEGNA, MD, P.A.

Zvi Rafilovich  
(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.)

Zvi RAFILOVICH  
(Typed or printed name of person signing)

INCORPORATOR  
(Title of person signing)

Filing Fee: \$35.00