

PD4000052164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

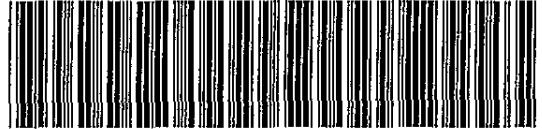
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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DELRAY FAMILY DENTASRTY  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000052164

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

Please return all correspondence concerning this matter to the following:

Shari Goldstein  
(Name of Person)

Delray Family Dentistry, Inc  
(Name of Firm/Company)

5505 N. Military Trail #315  
(Address)

Boca Raton, FL 33496  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shari Goldstein at ( 305 ) 431-5461  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

DELRAY FAMILY DENTISRTY, INC.

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

P04000052164

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 the articles of incorporation

(Document Type)

filed with the Department of State on March 24, 2004

(File Date of Document)

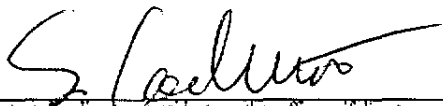
Specify the inaccuracy, incorrect statement, or defect:

DENTISRTY is misspelled, should read DENTISTRY

Correct the inaccuracy, incorrect statement, or defect:

DELRAY FAMILY DENTISTRY, INC

FILED  
04 APR 12 AM 10:08  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

  
(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.)

Shari Goldstein

(Typed or printed name of person signing)

president

(Title of person signing)

**Filing Fee: \$35.00**