

PD4000155075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

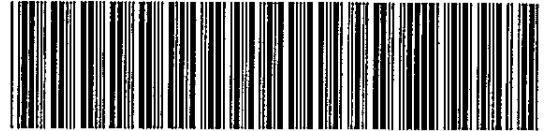
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Antony Connel  
MD 12/16



000042826610

11/29/04--01032--021 \*\*35.00

CLERK OF COURT  
TALLAHASSEE, FLORIDA

04 NOV 29 PM 1:42

FILED

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WEST PASCO MEDICAL TRANSCRIPTIONS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000155075

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

Please return all correspondence concerning this matter to the following:

JEFFREY L. WOLKINS  
(Name of Person)

SCHALLES & ASSOCIATES  
(Name of Firm/Company)

5320 MAIN ST.  
(Address)

NEW PORT RICHEY, FL. 34652  
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY L. WOLKINS at ( 727 ) 847-2277  
(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

WEST PASCO MEDICAL TRANSCRIPTIONS, INC.

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

P04000155075

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 ARTICLE I

(Document Type)

filed with the Department of State on NOVEMBER 12, 2004


(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

WEST PASCO MEDICAL TRANSCRIPTIONS, INC.

Correct the inaccuracy, incorrect statement, or defect:

WEST PASCO MEDICAL TRANSCRIPTION, 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.)

TONI CHESTER

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

**Filing Fee: \$35.00**

FILED

04 NOV 29 PM 1:42  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA