P04000 173507

| (Re | questor's Name) | |
|---|-------------------|-----------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | • | |
| | | |

Office Use Only



900101700189

05/07/07--01027--016 **35.00



White The State of the State of

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|--|
| SUBJECT: <u>Drshtute</u> fr | Mushus Steies y the Practice of Law 2. (Name of Corporation) Medicine Medicine |
| DOCUMENT NUMBER: 7 14 01 | 10173507 |
| The enclosed Articles of Correction and f | ee are submitted for filing. |
| Please return all correspondence concerni | ing this matter to the following: |
| Scott Roger (Name of Contact Person) Dishle for Mushla (Firm/Company) | |
| 4045 Sherida Au (Address) Mami Bead, Fa 3 | |
| For further information concerning this m | natter, please call: |
| (Name of Contact Person) | at (35) 725-0869 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amo | ount: |
| \$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, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF CORRECTION

for

| Distitute Mobiliners Staties in the Practice Chan & Medicine III | ነና |
|---|----------|
| POUMENT 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 Name Change Corrected Cocument Type Baing | |
| filed with the Department of State on | |
| Specify the inaccuracy, incorrect statement, or defect: The Name Change Should not have victive: | <u>n</u> |
| The Name Change should not have included: | n D |
| The Consolete Name of the Company should be: | |
| The Couplete Name of the Company should be: | |
| Correct the inaccuracy, incorrect statement, or defect: The name of the company should be: | |
| Institute for Mulphess Andrew, Inc. | |
| | |
| (Signature of a director, president or differ 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.) | |
| Scott Rogers President | |

Filing Fee: \$35.00