

POS000050823

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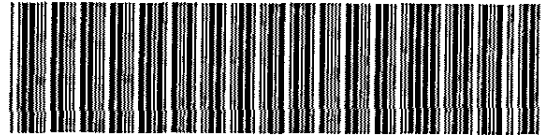
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TUYENT-MINH NGUYEN, D.M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: P05000050823

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

Please return all correspondence concerning this matter to the following:

DAVID H. SLONIM
(Name of Person)

THE SLONIM LAW FIRM, P.A.
(Name of Firm/Company)

932 SOUTH WICKHAM ROAD
(Address)

W. MELBOURNE, FL 32904
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID H. SLONIM at (321) 728-2503
(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

TUYENT-MINH NGUYEN, D.M.D., P.A.

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

P05000050823

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 ELECTRONIC ARTICLES OF INCORPORATION,
(Document Type)

filed with the Department of State on APRIL 5, 2005
(File Date of Document)

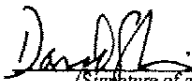
Specify the inaccuracy, incorrect statement, or defect:

TUYENT-MINH NGUYEN, D.M.D., P.A.

Correct the inaccuracy, incorrect statement, or defect:

TUYET-MINH NGUYEN, D.M.D., P.A.

(NOTE THE TUYENT / TUYET DIFFERENCE)



(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.)

DAVID SLONIM

(Typed or printed name of person signing)

RESIDENT AGENT

(Title of person signing)

Filing Fee: \$35.00

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05 APR 20 PM 12:00
CLERK OF STATE
TALLAHASSEE, FLORIDA