

PD5000163552

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(Business Entity Name)

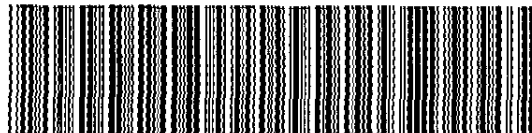
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

NC 1-17-06 cy 2090-11-12N

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GRACE G GUADIZ, PA
(Name of Corporation)

DOCUMENT NUMBER: P05000163552

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

Please return all correspondence concerning this matter to the following:

GRACE G GUADIZ
(Name of Contact Person)

GRACE G GUADIZ, MD, PA
(Firm/Company)

PO BOX 625
(Address)

LABELLE, FL 33975
(City/State and Zip Code)

For further information concerning this matter, please call:

GRACE G GUADIZ at (863) 675-2148
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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|--|---|
| <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, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

GRACE G GUADIZ, PA

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

P05000163552

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 **ARTICLES OF INCORPORATION**
(Document Type Being Corrected)

filed with the Department of State on **DEC 15, 2005**
(File Date of Document)

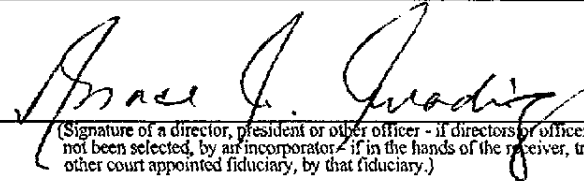
Specify the inaccuracy, incorrect statement, or defect:

NAME

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

GRACE G GUADIZ, MD, PA


(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.)

GRACE G GUADIZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00