

P06000000419

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RUIZ-PEDRE MEDICAL EQUIPMENT CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000000419

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

Please return all correspondence concerning this matter to the following:

LUIS RUIZ

(Name of Contact Person)

RUIZ-PEDRE MEDICAL EQUIPMENT CORP

(Firm/Company)

4209 NW 74 AVENUE SUITE 204

(Address)

MIAMI, FLORIDA 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS RUIZ

(Name of Contact Person)

at ( 305 ) 519-1327

(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, FL 32314

**Street Address:**

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

## ARTICLES OF CORRECTION

for

**RUIZ-PEDRE MEDICAL EQUIPMENT CORP**

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

**P06000000419**

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 **CORPORATION ADDRESS & REGISTERED NAME**  
(Document Type Being Corrected)

filed with the Department of State on **1-3-06**  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**PLEASE CHANGE THE CORPORATION ADDRESS**

**NOW LISTED 4209 NW 74 AVENUE SUITE 204, MIAMI,  
FLORIDA 33166**

**ALSO CHANGE THE REGISTERED AGENT AND PRESIDENT**

Correct the inaccuracy, incorrect statement, or defect:

**THE CORRECT ADDRESS FOR THIS CORPORATION  
SHOULD READ**

**5209 NW 74 AVENUE SUITE 204, MIAMI, FL 33166**

**THE CORRECT NAME FOR THE PRESIDENT AND  
REGISTERED AGENT SHOULD BE: LUIS MANUEL RUIZ.**

(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.)

**Luis Manuel Ruiz**  
(Typed or printed name of person signing)

**President**  
(Title of person signing)

**Filing Fee: \$35.00**

**FILED**  
**06 JAN -9 PM 12:12**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**