

P06000072623

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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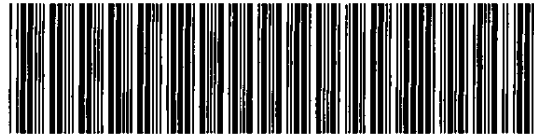
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Act of Corp / NC+Amend  
6-9-06 CM*

## ARTICLES OF CORRECTION

for

Law Office of Allison B. David, PA

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

P06000072623

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 May 24, 2006.  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Corporate Name: Law Office of Allison B. David, PA

Corporate Address:

PO Box 07345

Fort Myers, FL 33919

Correct the inaccuracy, incorrect statement, or defect:

Corporate Name: Law Offices of Allison B. David, P.A.


Corporate Address:

The Atrium

8695 College Parkway, Suite 345

Fort Myers, FL 33919

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TALLAHASSEE, FLORIDA

  
(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.)

Arne Jean Pierre  
(Typed or printed name of person signing)

EA-Enrolled Agent  
(Title of person signing)

**Filing Fee: \$35.00**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Law Offices of Allison B. David, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000072623

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

Please return all correspondence concerning this matter to the following:

Allison B. David

(Name of Contact Person)

Law Offices of Allison B. David, P.A.

(Firm/Company)

8695 College Parkway, Suite 345

(Address)

Fort Myers, FL 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

Allison B. David

(Name of Contact Person)

at ( 239 ) 267-0809

(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