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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: David J.	Krynauw, DDS, PH
DOCUMENT NUMBER:	
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
David J. Krynaus (Name of Coglact Person)	$\mathcal{O}_{-}$
David J. Krynaus	U, DDS, PA
3081 SE Dalhart Ro	<u>d</u>
Port St Lucie F	
For further information concerning this mat	ter, please call:
	at ( 772) 337-2//4 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
☐ \$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
David J. Krynauw, DDS, PA
Name of Corporation as gurrently filed with the Florida Dept of State
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, (Ducument Type Being Corrected)
filed with the Department of State on Aug 16, 2006 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
Wrong business + mailing address:
1657 Port St Lucie Boulevard
Port St Lucie
F1 . 34952
Correct the inaccuracy, incorrect statement, or defect:
Corrected business + mailing address:
3081 SE Dalhart Rd
Port St Lucie
F1 34952
<u> </u>
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(Signature of a lirector, president or other officer - if directors or officers have not freen selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
David J. Krynauw President
(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00