

PD6000124556

(Requestor's Name)

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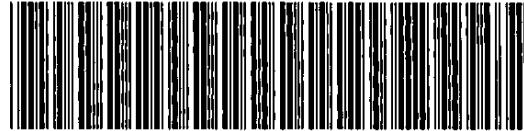
(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art. of Con.

G. O. G. 10 OCT 18 2006

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 10/17/06

REF. #: 000277.58823

CORP. NAME: PEDIATRIC HOSPITALISTS OF SOUTH FLORIDA, P.A.

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: ARTICLES OF CORRECTION | | |

STATE FEES PREPAID WITH CHECK# 518784 FOR \$ 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2006

**PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.**

CORPDIRECT AGENTS, INC.

TALLAHASSEE, FL

SUBJECT: PEDIATRIC HOSPITALISTS OF SOUTH FLORIDA, P.A.
Ref. Number: P06000124556

We have received your document for PEDIATRIC HOSPITALISTS OF SOUTH FLORIDA, P.A. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is no need to file this articles of correction for the registered agent name correction. The name of the person is already showing with the same spelling.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 306A00061719

**PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.**

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DIVISION OF CORPORATIONS
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ARTICLES OF CORRECTION

for

PEDIATRIC HOSPITALISTS OF SOUTH FLORIDA, P.A.

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

P06000124556

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 Corporation

(Document Type Being Corrected)

filed with the Department of State on September 27, 2006

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Incorrect spelling of Registered Agent's name listed on the

Certificate of Designation.

Correct the inaccuracy, incorrect statement, or defect:

Correct spelling is Allan Greissman.



(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.)

Allan Greissman

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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