

PO6000125115

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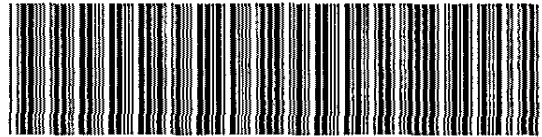
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(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kathleen Lieber, M.D., Aesthetic, P.A.

(Name of Corporation)

**DOCUMENT NUMBER:** P06000125115

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

Please return all correspondence concerning this matter to the following:

Nicole Lodato

(Name of Contact Person)

Holcomb & Mayts, P.A.

(Firm/Company)

201 N. Armenia Ave.

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Lodato

(Name of Contact Person)

at ( 813 ) 258\*5835

(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

Kathleen Lieber, M.D., Aesthetic, P.A.

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

P06000125115

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 9-29-06  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name of the Corporation was incorrect.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

The name of the Corporation shall be Kathleen Leber, M.D., Aesthetics, P.A.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kathleen Leber M.D.

(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.)

Kathleen Leber

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35.00**