

PO6000135506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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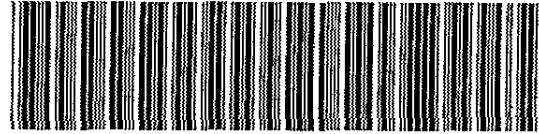
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TA MEDICAL GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: PD6000135506

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

Please return all correspondence concerning this matter to the following:

TERESA B. AIFONSO
(Name of Contact Person)

TA MEDICAL GROUP
(Firm/Company)

2645 SW 37 ave. Suite 503
(Address)

Miami, Florida 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

TERESA B. AIFONSO at (305) 447-9500
(Name of Contact Person) (Area Code & Daytime Telephone Number)

cell = (786) 223-8448

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

TA MEDICAL GROUP INC

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

P060000135506

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 _____
(Document Type Being Corrected)

filed with the Department of State on 10/25/2006
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

- 1- Name and Address of Registered Agent.
- 2- Principal Place of Business
- 3- Incorporator Name and Address
- 4- Mailing Address

Correct the inaccuracy, incorrect statement, or defect:

- 1-3 TERESA B. AIFONSO
2645 SW 37 AVE suite 503
Miami, Florida 33133
- 4- PO BOX 144612
COBAL GABLES FL 33114

(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.)

TERESA B. AIFONSO
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)

Filing Fee: \$35.00

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