

P07000034097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400095126134

04/02/07--01019--027 **35.00

FILED
07 APR -2 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ACTS
3/15/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ESCOBAR HEALTH SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000034097

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

Please return all correspondence concerning this matter to the following:

BRAD S. KANTER E. A.
(Name of Contact Person)

KANTER ACCOUNTING INNOVATIONS
(Firm/Company)

4102 WEST LINE BAUGH AVENUE
(Address)

TAMPA, FLORIDA 33624
(City/State and Zip Code)

For further information concerning this matter, please call:

BRAD S. KANTER at (813) 849-5795
(Name of Contact Person) (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

ESCOBAR HEALTH SERVICES, INC.

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

P07000034097

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 MARCH 16, 2007

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME OF THE CORPORATION WAS LISTED INCORRECTLY.

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME OF THE CORPORATION SHOULD BE
FILED AS

X ESCOBAR COUNSELING SERVICES, INC.

Pamela For Escobar

(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.)

PAMELA ESCOBAR

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00

FILED
07 APR -2 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA