

PO7000039717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

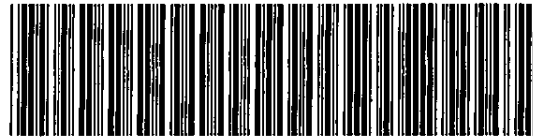
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*Articles of Incorporation NC*

04/17/07--01028--021 \*\*43.75

*News*

2007 APR 17 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** P07000039717

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

Please return all correspondence concerning this matter to the following:

CLAUDIA RENGIFO

(Name of Contact Person)

SAMD HEALTH SERVICES, INC.,

(Firm/Company)

2300 COMMERCE PARKWAY, SUITE 315

(Address)

WESTON, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA RENGIFO

(Name of Contact Person)

at ( 954 ) 217-3354

(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

**SAMAD HEALTH SERVICES, INC.**

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

**P07000039717**

Document Number (if known)

**FILED**

**2007 APR 17 PM 3:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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 29, 2007**,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**ARTICLE I: NAME OF CORPORATION IS INCORRECT.**

**ARTICLES II, V, VI: ADDRESS NEEDS MORE SPECIFICATION.**

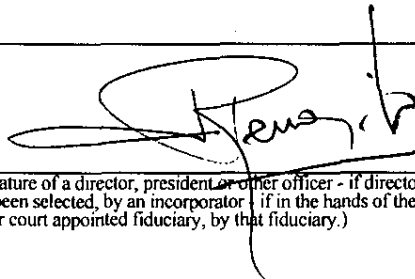
Correct the inaccuracy, incorrect statement, or defect:

**ARTICLE I: NAME SHOULD READ SAMD HEALTH SERVICES, INC.**

**ARTICLES II, V, VI: ADDRESS SHOULD READ,**

**2300 N. COMMERCE PARKWAY, SUITE 315**

**WESTON, FL 33326**



(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.)

**ALBERTO RENGIFO, MD**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**