

PD70000040899

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Article of
Correction &
Name
Change

04/12/07--01009--013 **52.50

FILED

2007 APR 12 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUR
4/17/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Premiere Medical Care, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P07000040899

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

Please return all correspondence concerning this matter to the following:

Gary Walker, Esq.

(Name of Contact Person)

Allen Dell, P.A.

(Firm/Company)

202 S. Rome Avenue, Suite 100

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Baker

(Name of Contact Person)

at (813) 223-5351

(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

Florida Premiere Medical Care, P.A.

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

P07000040899

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 April 2, 2007

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

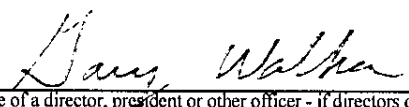
The name of the P.A. should be changed to:

Florida Premier Medical Care, P.A.

Correct the inaccuracy, incorrect statement, or defect:

Please change the name of the P.A. to:

Florida Premier Medical Care, P.A.


(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.)

Gary Walker, Esq.

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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