

P07000095044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

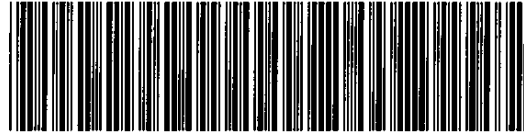
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Articles of Incorporation
NC
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 SEP 12 AM 8:09

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASHRAF G. ANDRAWIS, MD, INCORPORATED

(Name of Corporation)

DOCUMENT NUMBER: P07000095044

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

Please return all correspondence concerning this matter to the following:

ASHRAF G. ANDRAWIS

(Name of Contact Person)

ASHRAF G. ANDRAWIS, MD, INCORPORATED

(Firm/Company)

1937 HICKORY TRACE DRIVE

(Address)

ORANGE PARK, FL 32003

(City/State and Zip Code)

For further information concerning this matter, please call:

TERESA HARRINGTON

(Name of Contact Person)

at (904) 215-2256

(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

ASHRAF G. ANDRAWIS, MD, INCORPORATED

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

P07000095044

Document Number (if known)

FILED
2007 SEP 12 AM 8:09
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 **08/24/07**,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME CHANGE FROM: ASHRAF G. ANDRAWIS, MD, INCORPORATED

Correct the inaccuracy, incorrect statement, or defect:

NAME CHANGE TO: ASHRAF G. ANDRAWIS, M.D., 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.)

ASHRAF G. ANDRAWIS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00