

PO7000/20065

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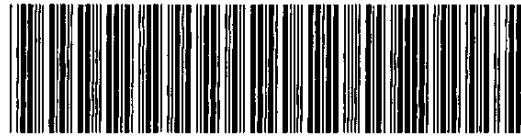
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MRUNALINI DHANEKULA, MD, PA
(Name of Corporation)

DOCUMENT NUMBER: P07000120065

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

Please return all correspondence concerning this matter to the following:

JOEL MASON

(Name of Contact Person)

APPROVED ASSOCIATES

(Firm/Company)

100 EAST LINTON BLVD

(Address)

DELRAY BEACH, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

JOEL MASON

(Name of Contact Person)

at (561) 276-0500

(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

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DIVISION OF CORPORATIONS

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ARTICLES OF CORRECTION

for

MRUNALINI DHANEKULA, MD, PA

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

P07000120065

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 NOVEMBER 2, 2007,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

CHANGE NAME OF CORPORATION TO:

MRUNALINI KAVURI, MD, PA

Correct the inaccuracy, incorrect statement, or defect:

Mrunalini
(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.)

MRUNALINI KAVURI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00