

PD 7000 134513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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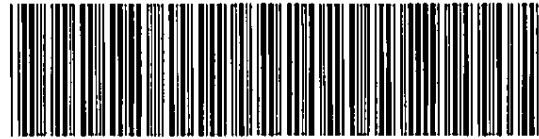
(Business Entity Name)

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05/03/2021
C. M. M. M. M. M.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALAN KELMAN DDS PA

Name of Corporation

DOCUMENT NUMBER:

P 07 MD 134 513

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

Please return all correspondence concerning this matter to the following:

ALAN KELMAN

Name of Contact Person

ALAN KELMAN DDS PA

Firm Company

5909 SOUTH CONGRESS AVE

Address

ATLANTIS, FL 33462

City/State and Zip Code

TOOTH.LAW@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN KELMAN

at (561) 7032768

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 32304

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 MAY 11 AM 10:37

ARTICLES OF CORRECTION

For

ALAN KELMAN DDS PA

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

007000 134513

Document Number (if known)

20 MAY 11 AM 10:37

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ANNUAL CORPORATE STATEMENT 2020

(Document Type Being Corrected)

filed with the Department of State on

3.24.20

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ALAN KELMAN IS NOT A CORP. OFFICER.

Correct the inaccuracy, incorrect statement, or defect:

SUSAN KELMAN IS BOTH THE PRESIDENT AND VICE PRESIDENT OF ALAN KELMAN DDS PA.

(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.)

ALAN KELMAN

(Typed or printed name of person signing)

OWNER

(Title of person signing)

Filing Fee: \$35.00