

PO80000010141

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LYMPHEDEMA CARE CENTER OF AMERICA, PA
(Name of Corporation)

DOCUMENT NUMBER: P08 000010141

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

Please return all correspondence concerning this matter to the following:

ELIZABETH ANNE SHAPIRO
(Name of Contact Person)

(Firm/Company)

3060 NE 190 ST # 101
(Address)

AVENTURA FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Shapiro at (954) 295-4276
(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 & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$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

LYMPHEDEMA CARE CENTER OF AMERICA, PA

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

P08000010141

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation
these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct

Article of Incorporation

(Document Type Being Corrected)

filed with the Department of State on

1/28/08

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

LYMPHEDEMA CARE CENTER OF AMERICA, PA
needs to have a period (.) after the "P" and "A"
to signify professional association.

Correct the inaccuracy, incorrect statement, or defect:

LYMPHEDEMA CARE CENTER OF AMERICA, P. A.

Eleanor Shapiro

(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.)

ELIZABETH SHAPIRO

(Typed or printed name of person signing)

president

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA