## P08000034366

(Requestor's Name)		
,		
(Address)		
(Address)		
	<u>.</u>	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
, , , , ,		
Special Instructions to Filing Officer:		
		,
	41.0	

Office Use Only



700122018057

04/09/08--01013--022 \*\*43.75

RECEIVED

08 APR -9 AH II: 42

OFFICIAL SEEF CORNER

OFFICIAL SEEF

08 APR -9 PH 2: 15
SECRETARY OF STATE
ALLAHASSEE, FINDER

Art. 8 Com.
G. GoudRotto APR 0 9 2008:

## CAPITAL CONNECTION, INC.

t ---- 3

Walk-In

Will Pick Up

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	·
Articles of Correction	
Bowen Practice Manageme	1-Tu.
Dowert Hac He I whatever	1 +VIC.
	_
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File Correction
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Circustura	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: 12 ff 4/4/4	UCC 1 or 3 File
<u> </u>	UCC 11 Search
Name Date Time	UCC 11 Retrieval

Courier

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: BOWEN PRACTICE M	ANAGEMENT, INC.			
DOCUMENT NUMBER: P08000034				
The enclosed Articles of Correction and fee				
Please return all correspondence concerning this matter to the following:				
Seth Neeley	·			
(Name of Contact Person)				
Capital Connection, Inc.				
(Firm/Company)				
417 E Virginia Street				
(Address)				
Tallahassee FL 32301				
(City/State and Zip Code)				
For further information concerning this ma	tter, please call:			
Seth Neeley	at (_850 ) 224-8870			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
,				
Enclosed is a check for the following amou	nt:			
\$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:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
•	Tallahassee, FL.32301			

## ARTICLES OF CORRECTION

for

BOWEN PRACTICE MANAGEMEN	· ·
Name of Corporation as currently filed with the Florida Dept.	of State
P08000034366	
. Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida these Articles of Correction within 30 days of the file date of the doc	cument being corrected.
These articles of correction correct Articles of Incorporation; A	Article V
filed with the Department of State on	·
Specify the inaccuracy, incorrect statement, or defect: Article V: Officers & Directors	
An incorrect spelling of the directors first name. Listed i	ncorrectly as: Gary
	SEC VALL
	APP AH
Correct the inaccuracy, incorrect statement, or defect: The directors first name should be: Gray	-9 PH TARY OF ASSEE, F
The directors first fiame should be. Gray	
	DA BA
Article V: Officers & Directors should read as follows bel	low:
The name and address of the initial Officer and Direct	ctor of the corporation is:
Gray Bowen Swor, President, 2364 Fruitville Road, Sa	arasota, FL 34237
(Signature of a director, president of other officer - if directors or on the been selected, by an incorporator - if in the hands of the receive other court appointed fiduciary, by that fiduciary.)	officers have ver, trustee, or
Seth Neeley	Incorporator
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00