

P09000000778

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Article of
Correction &

01/14/09--01031--014 **43.75

Name Change

FILED
2009 JAN 14 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR
1/22/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONVENANT MEDICAL CLINIC, INC.

(Name of Corporation)

DOCUMENT NUMBER: P09000000778

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

Please return all correspondence concerning this matter to the following:

MOBOLANLE FADARE

(Name of Contact Person)

COVENANT MEDICAL CLINIC, INC.

(Firm/Company)

2812 W MARTIN LUTHER KING JR BLVD STE 2

(Address)

TAMPA, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

MOBOLANLE FADARE

(Name of Contact Person)

at (**813**)

230-5805

(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

FILED

2009 JAN 14 AM 10:05

ARTICLES OF CORRECTION

for

CONVENANT MEDICAL CLINIC, INC.

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

P09000000778

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 NAME OF CORPORATION

(Document Type Being Corrected)

filed with the Department of State on 01/05/2009

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE WORD COVENANT WAS MISPELT AS CONVENANT.

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME OF THE CORPORATION IS

COVENANT MEDICAL CLINIC, INC.

Mobolanle Fadare.

(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.)

MOBOLANLE FADARE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00