## P0900008185

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600143886846

02/20/09--01026--014 \*\*52.50

SECRETARY OF STATE

, <del>-</del> 700

Africes of on Department



February 11, 2009

ANRHONY V. LATERZA NORTH PALM PAIN MANAGEMENT, INC. 4371 NORTHLAKE BLVD., #126 PALM BEACH GARDENS, FL 33410

SUBJECT: NORTH PALM PAIN MANAGEMENT INC.

Ref. Number: P09000008185

We have received your document for NORTH PALM PAIN MANAGEMENT INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$52.50.

THE FILING FEE FOR ARTICLES OF CORRECTION FOR A CORPORATION IS \$35.00. CERTIFIED COPIES ARE OPTIONAL. THE FEE FOR A CERTIFIED COPY IS \$8.75 AND THE FEE FOR A CERTIFICATE OF STATUS IS \$8.75. \*\*IN THE BEGINNING OF THE FORM PLEASE FILL IN THE FIRST BLANK TO READ THESE ARTICLES OF CORRECTION CORRECT "ARTICLES OF INCORPORATION".

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Letter Number: 909A00004884

Karen Gibson Document Specialist Supervisor

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: NUMBER: PO9	Pain Hangement Inc.
The enclosed Articles of Correction and fe	ee are submitted for filing
Please return all correspondence concerning	
	<b>(</b> 0 )
(Name of Contact Person)	za (Hesident)
North Pam Pain J	longgement, Inc.
4371 NorthLake	BIVD # 126 / Mailing
Palm Boach Corde (City/State and Zip Code)	278, FL. 33410 / Address
For further information concerning this ma	atter, please call:
(Nembrof Contact Person)	at ( CArea Code & Daytime Telephone Number)
Enclosed is a check for the following amou	unt:
\$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	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF CORRECTION

Filing Fee: \$35.00