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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: The Doctor	Cappet Aud Bys In
DOCUMENT NUMBER: P09	000022229
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Name of Contact Person) (Firm/Company)	<u> </u>
14007 Sw 47	Lave
Man Ft 33/7	<u> 25 </u>
For further information concerning this ma	atter, please call:
Hector Cabrera (Name of Contact Person)	at (786) 444 - 6400 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	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 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION

The DOCTON 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 filed with the Department of State on Specify the inaccuracy, incorrect statement, or defect: Correct the inaccuracy, incorrect statement, or defect: (Signature of a director, president of 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.)

Filing Fee: \$35.00