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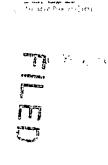


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SECRETARY DE STALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: A & B MEDICAL HEALT	TH CENTER INC
DOCUMENT NUMBER: P09000047	107
The enclosed Articles of Correction and fee	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
MARIA D CASANOVA Name of Contact Person	
A & B MEDICAL HEALTH CENTER IN Firm/Company	<u>c</u>
8861 FONTAINEBLEAU BLVD SUITE	301
MIAMI, FL 33172 City/State and Zip Code	
E-mail address: (to be used for future annual req	port notification)
For further information concerning this ma	tter, please call:
MARIA D CASANOVA Name of Contact Person	at (786) 263-1836 Area 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 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

TALLAHASSEE, FLORIDA

A & B MEDICAL HEALTH CENTER INC

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

P09000047107

Document number (ii 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 ARTICLES OF INCORORATION
(Document Type Being Corrected)
filed with the Department of State on 05/29/2009.
(File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
ARTICLE II
Correct the inaccuracy, incorrect statement, or defect:
• •
8660 WEST FLAGLER ST. SUITE 120
MIAMI, FL 33144
(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.)

Filing Fee: \$35.00

MARIA D CASANOVA
(Typed or printed name of person signing)

(Title of person signing)

PRESIDENT