## 109000052056

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(Address)	
(City/State/Zip/Phone #)	· ·
(Business Entity Name)	06/29/0901011007 ***35.00
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## . COVER LETTER

TO: Amendment Section Division of Corporations	•	
SUBJECT: MIESHA MCINTOSH,	PA Name of Corporation	
DOCUMENT NUMBER: P09000052056		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:	
MIESHA MCINTOSH  Name of Contact Person	······	
MIESHA MCINTOSH, PA		
7739 PINE LAKES BLVD.		
PORT ST. LUCIE, FL 34952 City/State and Zip Code		
mi27mc@yahoo.com E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, please call:		
BRIGETTE DELUCIA  Name of Contact Person	at ( 954 ) 983-2990  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	

## ARTICLES OF CORRECTION

OIVISION OF CORPORATIONS

OB JUN 29 AM 11: 09

for

## MIESHA MCINTOSH, PA Name of Corporation as currently filed with the Florida Dept of State

P09000052056	
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 ARTICLE III  (Document Type Being Corrected)	
filed with the Department of State on JUNE 16, 2009  (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
ARTICLE III, THE PURPOSE FOR WHICH THE CORPORATION IS ORANIZED IS:	
OFFICE OF CLINICAL PSYCHOLOGIST	
Correct the inaccuracy, incorrect statement, or defect:	
ARTICLE III, THE PURPOSE FOR WHICH THE CORPORATION IS ORANIZED IS:	
LICENSED MENTAL HEALTH COUNSELOR	
(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.)	
MIESHA MCINTOSH PRESIDENT	
(Typed or printed name of person signing) (Title of person signing)	

Filing Fee: \$35.00