## P09000058248

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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TALL AHASSEE, FLORID

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JUL 21 2009

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| SUBJECT: CARABALLE THERAPHY SERVICES, INC.                                                      |                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT NUMBER: P09000058                                                                      | 3248                                                                                                                           |  |
| The enclosed Articles of Correction and fe                                                      | ee are submitted for filing.                                                                                                   |  |
| Please return all correspondence concernir                                                      | ng this matter to the following:                                                                                               |  |
| FRANK A RODRIGUEZ  Name of Contact Person                                                       |                                                                                                                                |  |
| FAR PROFESSIONAL ACCOUNTING                                                                     | S SERVICES, LLC.                                                                                                               |  |
| 13818 SW 39TH TERRACE                                                                           | <del></del>                                                                                                                    |  |
| MIAMI, FL 33175  City/State and Zip Code                                                        |                                                                                                                                |  |
| frodr008@hotmail.com                                                                            | eport notification)                                                                                                            |  |
| For further, information concerning this ma                                                     | atter, please call:                                                                                                            |  |
| FRANK A RODRIGUEZ  Name of Contact Person                                                       | at ( 305 ) 799-9263  Area Code & Daytime Telephone Number                                                                      |  |
| Enclosed is a check for the following amo                                                       | 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

## CARABALLE THERAPHY SERVICES, INC. Name of Corporation as currently filed with the Florida Dept. of State

Filing Fee: \$35.00