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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOMMIE L BURCHFIELD, DDS, PA.
Name of Corporation

DOCUMENT NUMBER: P09000069766

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOMMIE L BURCHFIELD

Name of Contact Person

TOMMIE L BURCHFIELD, DMD, PA.

Firm/Company

1532 EAGLE NEST CIR

Address

WINTER SPRINGS, FL 32708-5925

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOMMIE L BURCHFIELD

Name of Contact Person

at (407) 721, 4607

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

for

TOMMIE L. BURCHFIELD, DDS, PA.

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

P09000069766

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 NAME (Document Type Being Corrected)

filed with the Department of State on AUGUST 18, 2009 (File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

CORPORATE NAME WAS SENT IN AS TOMMIE L. BURCHFIELD, DDS, PA.

Correct the inaccuracy, incorrect statement, or defect:

CORPORATE NAME SHOULD BE TOMMIE L. BURCHFIELD, DMD, PA.

FILED
2009 SEP 21 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tommie L. Burchfield

(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.)

Tommie L. Burchfield
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00