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SECRETARY OF STATE
TALLAHASSEF, FLORIDA

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COVER LETTER

TO:

Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: MEDICAL SERVICES OF TAMPA, INC DOCUMENT NUMBER: P09000084320 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAYLIN BARRIOS Name of Contact Person G. ALVAREZ, MD, P.A. Firm/Company 11316 BRIDGE PINE DR RIVERVIEW FL 33569 City/State and Zip Code german7411@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAYLIN BARRIOS Name of Contact Person 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: Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF CORRECTION

FILED

for

2009 OCT 1P 1: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA MEDICAL SERVICES OF TAMPA, INC. Name of Corporation as currently filed with the Florida Dept. of State P09000084320 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 __ARTICLES OF INCORPORATION (Document Type Being Corrected) filed with the Department of State on OCTOBER 12, 2009 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: CHANGING TO A PROFFECIONAL CORP AND NAME: MEDICAL SERVICES OF TAMPA, INC Correct the inaccuracy, incorrect statement, or defect: CHANGING TO A PROFFECIONAL CORP AND NAME: G. ALVAREZ, MD, P.A. president or other officer of directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other cours appointed fiduciary, by that fiduciary.)

MAYLIN BARRIOS

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00