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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: VITALMED	ame of Corporation
DOCUMENT NUMBER: Po	90000 874 89
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
RENE STUTZ Name of Contact Person	-
VITALMED COXP	<u> </u>
7603 GUNN HWY	SUITEC
TAMPA, FLA 33	615
E-mail address: (to be used for future annual rep	oort notification)
For further information concerning this ma	tter, please call:
REDE S RJ IZ Name of Contact Person	at (P13)
Enclosed is a check for the following amou	nt:
\$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

VitalMed Corp

7603 Gunn Hwy, Suite C. Tampa Fl 33625

October 29, 2009

Tina Roberts, Amendment Section #3 Clifton Bldg 2661 Executive Center Circle Tallahassee Fl 32301

Dear Ms Roberts:

As per our telephone conversation, I am overnighting these "Articles of correction". Please amend as per enclosed articles of correction ASAP. It's important that the information on the web site reflects these corrections ASAP. Thank so much for your help in this matter. If necessary I can be reached at 813-299-7421.

Sincerely,

Rene S Ruiz

Chief Financial Officer

ARTICLES OF CORRECTION

	ARTI	ICLES OF CORRE	CHON	09/2
		for		ASSONE S
	VITALM	IED CORP oration as currently filed with the Flo	_	444694
	Name of Corp	oration as currently filed with the Fl	orida Dept. of State	(E)
		Pogooo 874 Document Number (if known)	189	
Pursuant to the protection of these Articles of	rovisions of Section Correction within 30	607.0124 or 617.0124, 0 days of the file date of	Florida Statutes, this the document being of	corporation files corrected.
These articles of	correction correct	THE ARTICLES	nt Type Being Corrected)	MATION
filed with the Dep	partment of State on	OCT J3, JC (File Date of Doc	our 9	
Specify the inacc	uracy, incorrect stat	ement, or defect:		
PRESIDE.	ST - GRISA	EL RUIZ,	6315 GAZ PD	TAMPA FL
CECLETAI	24 - GRIS	EL RUIZ,	6315 GANT R	D TAMPA F
			1-1-1-1	
Correct the inaccu	racy, incorrect state	ement, or defect:	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
	•	•	GANT RO, TAM	PA FL 330
	•	ement, or defect: SIZ, 6315	GANT RO, TAM	PA FL 336
	•	•	GANT RO, TAM	PA FL 336
	•	•	GANT RO, TAM	PA FL 336
	•	•	GANT PO, TAM	PA FL 336
	•	•	GANT PO, TAM	PA FL 336
	•	•	GANT RO, TAM	PA FL 336
	- RENE R - RENE R (Signature of a decorate	•	extors or officers have	PA FL 336
	- RENE R - RENE R (Signature of a decorate	SIFZ, 6315 Sor, president or other officer - if dir by an incorporator - if in the hands o	extors or officers have	PA FL 336

Filing Fee: \$35.00