

P10000033604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

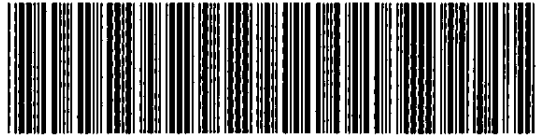
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10 APR 30 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art. of
Correction

D. CONNELL MAY 03 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BETTER QUALITY DIAGNOSTIC CENTER INC
Name of Corporation

DOCUMENT NUMBER: P10000033604

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

Please return all correspondence concerning this matter to the following:

ALEJANDRO CABRERA

Name of Contact Person

BETTER QUALITY DIAGNOSTIC CENTER INC

Firm/Company

1407 VISCAYA PKWY SUITE 4

Address

CAPE CORAL, FL 33990

City/State and Zip Code

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

For further information concerning this matter, please call:

ALEJANDRO CABRERA

Name of Contact Person

at (786) 302-9312

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

BETTER QUALITY DIAGNOSTIC CENTER INC

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

P10000033604

Document Number (if known)

FILED
10 APR 30 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 04/19/2010,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLE II

Correct the inaccuracy, incorrect statement, or defect:

1939 DEL PRADO BLVD. S. UNIT C

CAPE CORAL, FL 33990

(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.)

Alejandro Cabrera
(Typed or printed name of person signing)

President/
office manager
(Title of person signing)

Filing Fee: \$35.00