

P10000062648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

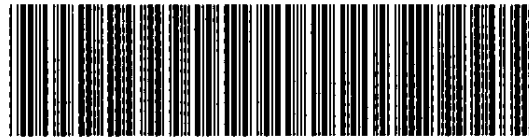
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200184016442

08/09/10--01017--019 \*\*35.00

FILED  
10 AUG -9 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Auto for 8/10/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT: PINELLAS INFECTIOUS DISEASE PHYSICIANS PA**

Name of Corporation

**DOCUMENT NUMBER: P10000062648**

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

Please return all correspondence concerning this matter to the following:

**ZAHIRABANU SHAIKH**

Name of Contact Person

**PINELLAS INFECTIOUS DISEASE PHYSICIANS PA**

Firm/Company

**1753 BELLEAIR FOREST DR, D#4**

Address

**BELLEAIR, FL: 33756**

City/State and Zip Code

**ZAHIRA\_SHAIKH@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**SHAUKAT SHAIKH**

Name of Contact Person

at ( **727** ) **512-4396**

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

PINELLAS INFECTIOUS DISEASE PHYSICIANS PA

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

P10000062648

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 OF INCORPORATOR/REGIS. AGENT  
(Document Type Being Corrected)

filed with the Department of State on JULY 30, 2010  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

REGISTERED AGENT/ INCORPORATOR NAME/ INITIAL DIRECTOR OF THE  
CORORATION NAME IS WRITTEN INCORRECTLY AS ZAHIRA SHAIKH  
( IN ARTICLE 5, ARTICLE 6 AND ARTICLE 7 )

Correct the inaccuracy, incorrect statement, or defect:

CORRECT NAME OF INCOPORATOR/REGISTERED AGENT OR INITIAL OFFICER  
IS ZAHIRABANU SHAIKH (IN ARTICLE 5 ARTICLE 6 AND ARTICLE 7)

FILED  
10 AUG -9 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Zshaiikh  
(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.)

ZAHIRABANU SHAIKH  
(Typed or printed name of person signing)

P  
(Title of person signing)

**Filing Fee: \$35.00**