PN00014537

(Re	equestor's Name)	<u>.,,.,</u>
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

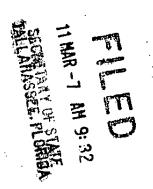
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NV 2-9/4

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: A PLUS	Name of Corporation	
DOCUMENT NUMBER: P11000	0014537	
The enclosed Articles of Correction and	fee are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
JONG H. CHO		
Name of Contact Person		
A PLUS DENTAL LAB, INC.		
Firm/Company		
409 MONTGOMERY ROAD, SUITE	151	
Address		
ALTAMONTE SPRINGS, FL 32714 City/State and Zip Code		
aplusdentallab@hanmail.net E-mail address: (to be used for future annual	report notification)	
For further information concerning this r	matter, please call:	
JONG H. CHO Name of Contact Person	at (407) 488-4357 Area Code & Daytime Telephone Number	
Enclosed is a check for the following am	ount:	
	\$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

A PLUS DENTAL LAB, INC.
Name of Corporation as currently filed with the Florida Dept. of State
P11000014537 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 February 9, 2011 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
Article II. Principal Address was incorrectly stated as:
409 Montgomery Road, Suite 155, Altamonte Springs, FL 32714, US
2) Article II. Mailing Address was incorrectly stated as:
409 Montgomery Road, Suite 155, Altamonte Springs, FL 32714, US
Article V. Registered Agent Address was incorrectly stated as:
409 Montgomery Road, Suite 155, Altamonte Springs, FL 32714, US
Correct the inaccuracy, incorrect statement, or defect:
Article II. Principal Address shall be corrected to:
409 Montgomery Road, Suite 151, Altamonte Springs, FL 32714, US
2) Article II. Mailing Address shall be corrected to:
409 Montgomery Road, Suite 151, Altamonte Springs, FL 32714, US
3) Article V. Registered Agent Address shall be corrected to:
409 Montgomery Road, Suite 151, Altamonte Springs, FL 32714, US
(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.)
JONG H. CHO (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00