

P112000054918

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DIVISION OF CORPORATION
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C.COULLETTE

JUN 23 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALTERNATIVE MEDUCAL PROVUDERS, P.A.
Name of Corporation

DOCUMENT NUMBER: P11000054918

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

Please return all correspondence concerning this matter to the following:

BAYARDO E. SOLORZANO

Name of Contact Person

NEW CORPORATION

Firm/Company

2353 RIO PINAR LAKES BLVD

Address

ORLANDO, FLORIDA 32822

City/State and Zip Code

BAYARDOS@LIVE.COM

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

For further information concerning this matter, please call:

BAYARDO E SOLORZANO

Name of Contact Person

at (407) 484-9701

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

ALTERNATIVE MEDICAL PROVIDERS, P.A.

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

P11000054918

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 **INCORPORATION NAME**
(Document Type Being Corrected)

filed with the Department of State on **JUNE 13, 2011**
(File Date of Document)

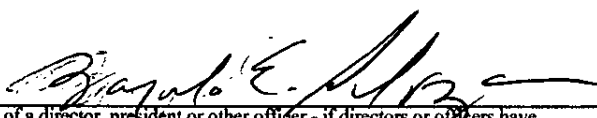
Specify the inaccuracy, incorrect statement, or defect:

THE NAME OF THE CORPORATION WAS SPELLED WRONG.

Correct the inaccuracy, incorrect statement, or defect:

THE NAME OF THE CORPORATION SHOULD BE:

ALTERNATIVE MEDICAL PROVIDERS, P.A.


(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.)

BAYARDO E. SOLORZANO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

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JUN 22 AM 8:49
CLERK OF COURT
STATE OF FLORIDA