

P11000057455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

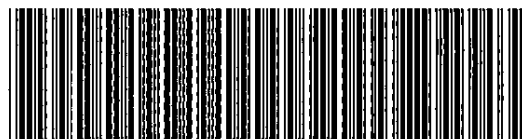
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11 JUL 11 AM 8:51

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Art & Con.
C.COULLIETTE

JUL 13 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FORDIN Medical Services
Name of Corporation

DOCUMENT NUMBER: P 11 0000 57455

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

Please return all correspondence concerning this matter to the following:

SUSAN Allison Sommers
Name of Contact Person

13300 #C, Biscayne Dr.
Firm/Company

Hornethead, FL
Address

33033
City/State and Zip Code

dr.sosommers@yo100.com
E-mail address: (to be used for future annual report notification)

c/o
FORDIN
MEDICAL
SERVICES

For further information concerning this matter, please call:

SUSAN Allison Sommers at (305) 570 3285
Name of Contact Person 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

FOROIN Medical Services, INC.

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

P11000057455

Document Number (if known)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 11 AM 8:51

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 FOROIN Medical Services, INC.
(Document Type Being Corrected)

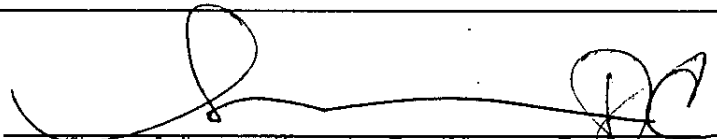
filed with the Department of State on 06/21/2011
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ENTRY ERROR OF NAME OF
REGISTERED AGENT + OFFICER/DIRECTOR DETAIL
name being corrected Allison Sommers

Correct the inaccuracy, incorrect statement, or defect:

CORRECTED NAME: SUSAN Allison Sommers



(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.)

Susan Allison Sommers
(Typed or printed name of person signing)

DAK.
(Title of person signing)

Filing Fee: \$35.00