

P11000057455

(Requestor's Name)

(Address)

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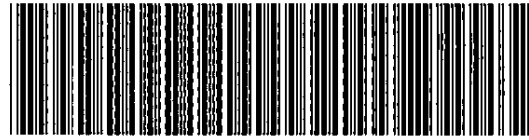
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Art & Con.  
C.COULLETTE  
JUL 13 2011  
EXAMINER

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FORDIN Medical Services  
Name of Corporation

DOCUMENT NUMBER: P 11 0000 5 7455

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.sasommers@va100.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

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

**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)

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