

P110000095490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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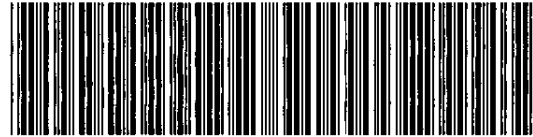
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Articles of
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11/14/11--01015--020 **52.50

2011 NOV 14 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Signature]
11/17/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LANTAN Medical Center, Inc.
Name of Corporation

DOCUMENT NUMBER: P1000095490

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

Please return all correspondence concerning this matter to the following:

J Reeve Bright
Name of Contact Person

LEGAL OFFICE OF SHUMAKER
Firm/Company

135 SE 5TH AVE
Address

DADE COUNTY FL 33483
City/State and Zip Code

RECEIVED BPDC/SEC-5007
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

J Reeve Bright at (561) 278-0200
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|--|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$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

FILED

2011 NOV 14 PM 4:08

LANTANA Medical Center, Inc.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P11000095490

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 NOVEMBER 02, 2011
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME MISPELLED

Correct the inaccuracy, incorrect statement, or defect:

LANTANA Medical Center, Inc.

[Signature]

(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.)

SAIR A KANARY
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35.00