

P11000101999

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(Address)

(City/State/Zip/Phone #)

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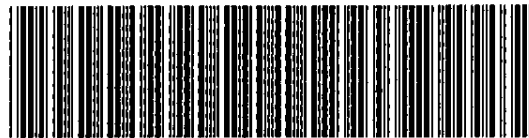
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*12/13/11*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GOOD HANDS MEDICAL CENTER, INC  
Name of Corporation

**DOCUMENT NUMBER:** P11000101999

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

Please return all correspondence concerning this matter to the following:

MAYLIN VALDES

Name of Contact Person

GOOD HANDS MEDICAL CENTER, INC

Firm/Company

13681 SW 28 TERR

Address

MIAMI, FL 33175

City/State and Zip Code

GOODHANDSMEDICAL@GMAIL.COM

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

For further information concerning this matter, please call:

MAYLIN VALDES

Name of Contact Person

at ( 305 ) 8159293

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

**GOOD HANDS MEDICAL CENTER, INC**

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

**P11000101999**

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 **OFFICER/DIRECTOR**

(Document Type Being Corrected)

filed with the Department of State on **12/01/2011**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

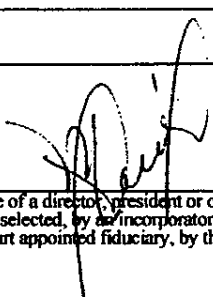
**WRONG OFFICER NAME**

**VALDES, PARET LMT**

Correct the inaccuracy, incorrect statement, or defect:

**MAYLIN VALDES, LMT**

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11 DEC 13 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
(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.)

**MAYLIN VALDES**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**