

P12000007566

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(Address)

(City/State/Zip/Phone #)

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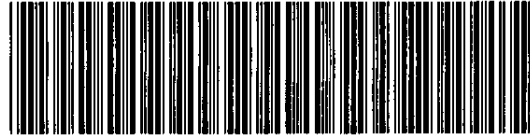
(Business Entity Name)

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12 JAN 27 AM 11:30

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

JAN 30 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: US MED LAB, INC

Name of Corporation

DOCUMENT NUMBER: P12000007566

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

Please return all correspondence concerning this matter to the following:

ZACHARY SCHIFFMAN

Name of Contact Person

US MED LAB, INC

Firm/Company

8260 NW 27 ST #401

Address

MIAMI, FL 33122

City/State and Zip Code

ZACK@USMED.COM

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

For further information concerning this matter, please call:

ZACHARY SCHIFFMAN

Name of Contact Person

at (305) 592-8353

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

FILED

for

12 JAN 27 AM 11:30

US MED LAB, INC

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

12000008 7566

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 1/23/2012
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE ADDRESS OF 8260 NW 27 ST #502 IS INCORRECT IT SHOULD BE 8280

Correct the inaccuracy, incorrect statement, or defect:

THE ADDRESS SHOULD BE 8280 NW 27 ST #502

Principal, RA Address + Officer

ZS
(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.)

ZACHARY SCHIFFMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00