

**F120000 14690**

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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Special Instructions to Filing Officer:

*called 2/27*  
*DEBRA CODY AUTHORIZED*  
*correcting DOC. # 1211*  
*OFFICER should BE DIRECTOR*  
*KRC 2/27*

Office Use Only

C

*Articles*  
*no*  
*correction*  
*OK*  
*2/27*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JPB MEDICAL CLINIC, INC.

Name of Corporation

**DOCUMENT NUMBER:** P12000014690

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

Please return all correspondence concerning this matter to the following:

DEBRA T CODY

Name of Contact Person

JPB MEDICAL CLINIC, INC.

Firm/Company

4227-A N DAVIS HIGHWAY

Address

PENSACOLA, FL 32503

City/State and Zip Code

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

For further information concerning this matter, please call:

DEBRA T CODY

Name of Contact Person

at ( 850 ) 432-4342

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

**JPB MEDICAL CLINIC, INC.**

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

**P1200014690**

Document Number (if known)

FILED  
12 FEB 27 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 **FEBRUARY 13, 2012**  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**ARTICLE VII-TITLE: PRESIDENT**

**DEBRA T CODY, 4227-A N DAVIS HIGHWAY, PENSACOLA, FL 32503 US**

**ARTICLE VII-TITLE: VICE PRESIDENT**

**JOSEPH P BUFFALINO, 4227-A N DAVIS HIGHWAY, PENSACOLA, FL 32503 US**

**ARTICLE VII-TITLE: - DIRECTOR**

**OMITTED**

Correct the inaccuracy, incorrect statement, or defect:

**ARTICLE VII-TITLE: PRESIDENT**

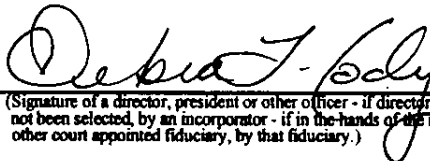
**JOSEPH P. BUFFALINO, 4227-A N DAVIS HIGHWAY, PENSACOLA, FL 32503 US**

**ARTICLE VII-TITLE: VICE PRESIDENT**

**DEBRA T CODY, 4227-A N DAVIS HIGHWAY, PENSACOLA, FL 32503 US**

**ARTICLE VII-TITLE: DIRECTOR**

**JOSEPH P. BUFFALINO, 4227 N DAVIS HIGHWAY, PENSACOLA, FL 32503 US**



(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.)

**DEBRA T CODY**

(Typed or printed name of person signing)

**VICE PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**