P12000018953

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Ant Correction

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MIAMI DADE MEDICAL	EQUIPMENTS INC	
DOCUMENT NUMBER: P120000789	•	
The enclosed Articles of Correction and fee	are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
LEONIDAS ZELEDON Name of Contact Person		
MIAMI DADE MEDICAL EQUIPMENTS Firm/Company	INC	
8420 SW 150 AVE UNIT 101 Address		
MIAMI FL 33193 City/State and Zip Code		
MARTHAMARTINEZ1959@YAHOO.CO		
For further information concerning this matt	ter, please call:	
LEONIDAS ZELEDON Name of Contact Person	at (786) 7680118 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amoun	nt:	
☑ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$\square\$ \$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

DIVISIONO COMO

(Title of person signing)

for

Name of Corporation as currently filed with the Florida Dept. of State
P12000078953
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 VICE PRESIDENTS NAME/ OFFICERS (Document Type Being Corrected)
filed with the Department of State on O9/17/2012 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
VICE PRESIDENTS NAME OF LEONIDAS E ZELEDON WAS ENTER IN ERROR
Correct the inaccuracy, incorrect statement, or defect:
THE CORRECT NAME OF THE VICE PRESIDENT IS FELIX EFRAIN ZELEDON
(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.)
MARIA I DIAZ PRESIDENT

Filing Fee: \$35.00

(Typed or printed name of person signing)