

P12000088319

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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DIVISION OF CORPORATIONS

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
GEETIKA MOHIN, M.D., P.A.**

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OCT 29 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GEETIKA MOHIN, MD. PA.
Name of Corporation

DOCUMENT NUMBER: P12000088319

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

Please return all correspondence concerning this matter to the following:

MAX A ADAMS, ESQ

Name of Contact Person

THE MEDILAW FIRM

Firm/Company

325 ALMERIA AVENUE

Address

CORAL GABLES, FL. 33134

City/State and Zip Code

angie@themedilawfirm.com

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

For further information concerning this matter, please call:

Angela Perez

Name of Contact Person

at **(305) 444-3484**

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



October 26, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GEETIKA MOHIN, M.D., P.A.
900 BAY DRIVE
APT. L-11
MIAMI BEACH, FL 33141

SUBJECT: GEETIKA MOHIN, M.D., P.A.
REF: P1200G088319

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H12000257862
Letter Number: 812A00026318

P.O BOX 6327 - Tallahassee, Florida 32314



October 26, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GEETIKA MOHIN, M.D., P.A.
900 BAY DRIVE
APT. L-11
MIAMI BEACH, FL 33141

SUBJECT: GEETIKA MOHIN, M.D., P.A.
REF: P12000088319

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H12000257662
Letter Number: 112A00026359

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12 OCT 26 AM 8:04

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 26 PM 2:51

ARTICLES OF CORRECTION

For

Geetika Mohin, M.D., P.A.

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

P12000088319

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

10/18/12

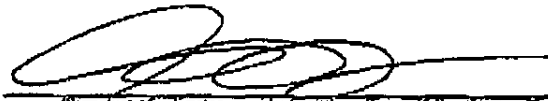
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

WRONG NAME ON CORPORATION

Correct the inaccuracy, incorrect statement, or defect:

CORPORATION NAME SHOULD BE "GEETIKA ARORA MD PA"



(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.)

GEETIKA ARORA

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35.00