

P12000094706

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C. MUSTAIN

[Handwritten Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IHOSVANI MIGUEL M.D., P.A.
Name of Corporation

DOCUMENT NUMBER: P12000094706

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

Please return all correspondence concerning this matter to the following:

IHOSVANI MIGUEL

Name of Contact Person

IHOSVANI MIGUEL M.D., P.A.

Firm/Company

618 NE 7 AVE.

Address

FORT LAUDERDALE, FL 33304

City/State and Zip Code

josh33131@hotmail.com

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

For further information concerning this matter, please call:

IHOSVANI MIGUEL

Name of Contact Person

at (786) 290-1764

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

IHOSVANI MIGUEL M.D., P.A.

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

P12000094706

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, ARTICLE VII
(Document Type Being Corrected)


filed with the Department of State on 11/14/2012
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The document number P12000094706 created on November 14th, 2012. The first and last name of the president was transposed in the system. The system is showing as last name: Ihosvani and first name: Miguel. This is incorrect.

Correct the inaccuracy, incorrect statement, or defect:

The correct order should be last name: MIGUEL and first name: IHOSVANI. I respectfully request the name and last name be changed in order. Please accept my apologies for the inconvenience. Thank you.


(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.)

Ihosvani Miguel

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA