

P12000100862

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC 17 AM 5:45

Art Correction  
Name ch8  
@ 12/19/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LILLIANE SARAFF, M.D., P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P12000100862

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

Please return all correspondence concerning this matter to the following:

LAZARO J. PEREZ J.D.

Name of Contact Person

LAZARO J. PEREZ, PLLC.

Firm/Company

1699 CORAL WAY, SUITE 315

Address

MIAMI, FL 33145

City/State and Zip Code

LJP@LJPTAX.COM

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

For further information concerning this matter, please call:

LAZARO J. PEREZ J.D. at ( 305 ) 308 - 0144

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

**LILLIANE SARRAFF M.D., P.A.**

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

**P12000100862**

Document Number (if known)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC 17 AM 9:45

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 OF INCORPORATION,  
(Document Type Being Corrected)

filed with the Department of State on DECEMBER 11, 2012.  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**ARTICLE I - NAME OF CORPORATION MISPELLED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

**ARTICLE I - LILLIANE SARRAFF, M.D., P.A.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(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.)

**LILLIANE SARRAFF**

(Typed or printed name of person signing)

**MANAGER**

(Title of person signing)

**Filing Fee: \$35.00**