

P12000100862

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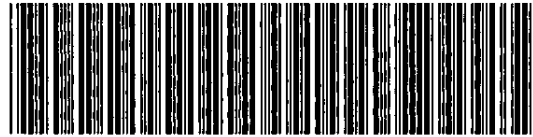
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Art Correction
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COVER LETTER

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:

☒ \$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

LILLIANE SARAFF 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 MISSPELLED

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