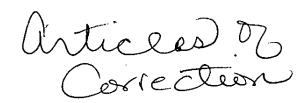
P13000007710

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COVER LETTER

TO:

Amendment Section

Division of Corporations			
SUBJECT: CJP PROSTHO	DENTAL PA		
DOCUMENT NUMBER: P13000007	77.10		
The enclosed Articles of Correction and fee	are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Dorian Amigo			
Name of Contact Person			
Income Tax 4Less Inc			
Firm/Company			
12082 SW 133rd Terr			
Miami, FL 33186			
City/State and Zip Code			
megatrapo@yahoo.com			
E-mail address: (to be used for future annual rep	port notification)		
For further information concerning this ma	tter, please call:		
Dorian Amigo	at (786) 201-5071		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amou	int:		
■ \$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

FILED

For

2013 JAN 30 PM 3: 53

CJP PROSTHODENTAL PA

Name of Corporation as currently filed with the Florida Dept. of Safe John ISSEE, FLORIDA TALL AHASSEE, FLORIDA Document Number (if known)

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124 these Articles of Correction within 30 days of the file date of	, Florida Statutes, this corporation files of the document being corrected.
These articles of correction correct P13000007710	,
(Docum	nent Type Being Corrected)
filed with the Department of State on January 23, 201	ocument)
Specify the inaccuracy, incorrect statement, or defect:	
Last name: Justino is incorrect which appear	ars on Articles V, VI, and VII.
Correct the inaccuracy, incorrect statement, or defect:	
Last name should be corrected as: Jusino in	Articles V, VI, and VII.
The complete name of the registered agent, incorp	porator and officer should read as:
Carmen T Jusino Perez	
(Signature of a director, president or other officer - if not been selected, by an incorporator - if in the hand other court appointed fiduciary, by that fiduciary.)	directors or officers have s of the receiver, trustee, or
Carmen T Jusino Perez	President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00