

P13000101188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

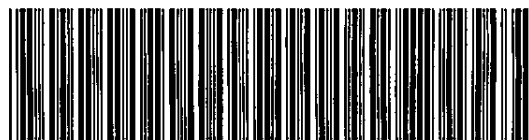
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400256979924

02/24/14--01032--013 **35.00

14 FEB 24 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
FEB 25 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MICHELLE FEIN PSYCHOLOGIST PA

Name of Corporation

DOCUMENT NUMBER: P13000101188

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

Please return all correspondence concerning this matter to the following:

Michelle Fein

Name of Contact Person

MICHELLE FEIN PSYCHOLOGIST PA

Firm/Company

5700 Lake Worth Rd Suite 205

Address

Lake Worth, FL 33463

City/State and Zip Code

drmfein@comcast.net

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

For further information concerning this matter, please call:

Michelle Fein

Name of Contact Person

at (**561**) **279-8012**

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

APPROVED
AND
FILED

ARTICLES OF CORRECTION

14 FEB 24 PM 2:25

For

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MICHELLE FEIN PSYCHOLOGIST PA

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

P13000101188

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 **Name Change**
(Document Type Being Corrected)

filed with the Department of State on **Feb 20, 2014**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:


Please change name from:

MICHELLE FEIN PSYCHOLOGIST PA

Correct the inaccuracy, incorrect statement, or defect:

to corrected name:

Michelle Fein, Psy.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.)

Michelle Fein

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00