

P13000101500

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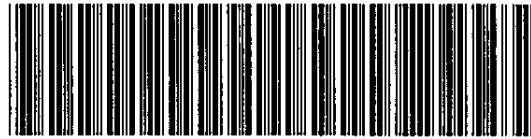
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APPROVED  
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14 JAN 27 PM 1:01  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

C. LEWIS  
JAN 31 2014  
EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MICHAEL ROSS LOBIONDO, P.A.

Name of Corporation

DOCUMENT NUMBER: P13000101500

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

Please return all correspondence concerning this matter to the following:

MICHAEL R LOBIONDO

Name of Contact Person

MICHAEL ROSS LOBIONDO PA

Firm/Company

13762 STATE RD 84., SUITE 262

Address

DAVIE, FL 33325

City/State and Zip Code

ROANA4@BELLSOUTH.NET

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

For further information concerning this matter, please call:

SCOTT E ABOLAFIA at ( 954 ) 633-2266

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

**MICHAEL ROSS LOBIONDO, P.A.**

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

**P13000101500**

Document Number (if known)

APPROVED  
AND  
FILED  
14 JAN 27 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 **MICHAEL ROSS LOBIONDO, P.A.**,  
(Document Type Being Corrected)

filed with the Department of State on **12/24/2013**,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**CHANGE ADDRESS**

Correct the inaccuracy, incorrect statement, or defect:

**13762 STATE RD 84., SUITE 262**

**DAVIE, FL 33325**



(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.)

**ROANA G LOBIONDO**

(Typed or printed name of person signing)

**VICE PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**