

P14 0000 200 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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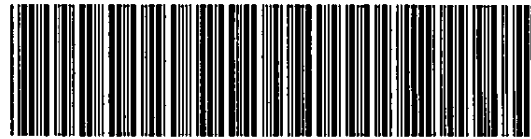
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAR 11 AM 9:50

Act of Correction
Name Change

MAR 13 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **IRIS VIVA MD PA**

Name of Corporation

DOCUMENT NUMBER: **P14000020033**

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

Please return all correspondence concerning this matter to the following:

Max A. Adams, Esq.

Name of Contact Person

The Medilaw Firm

Firm/Company

325 Alemeria Avenue

Address

Coral Gables, FL. 33134

City/State and Zip Code

angie@themedilawfirm.com

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

For further information concerning this matter, please call:

Angela Perez

Name of Contact Person

at **(305) 444-3484**

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For
4

14 MAR 11 AM 9:50

IRIS VIVA MD PA

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

P14000020033

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 ARTICLES
(Document Type Being Corrected)

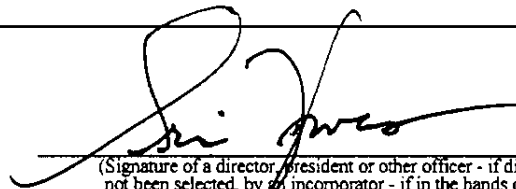
filed with the Department of State on MARCH 4, 2014
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME SHOULD READ "IRIS VIVAS MD PA"

Correct the inaccuracy, incorrect statement, or defect:

NAME SHOULD READ "IRIS VIVAS MD PA"



(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.)

Iris M. Vivas

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00