

P17 000070158

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 25 2017

S. YOUNG

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LUMINDA DENTAL OF BRANDON, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P17000070158

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

Please return all correspondence concerning this matter to the following:

**Lou Zarour**

Name of Contact Person

**Lumina Dental**

Firm/Company

**2172 Deborah Drive**

Address

**Punta Gorda, FL 33950**

City/State and Zip Code

**dubbaneh@gmail.com**

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

For further information concerning this matter, please call:

**Lou Zarour**

Name of Contact Person

at ( **941** ) **979-2336**

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

**LUMINDA DENTAL OF BRANDON, P.A**

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

**P17000070158**

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 of Incorporation**,  
(Document Type Being Corrected)

filed with the Department of State on **August 21, 2017**,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

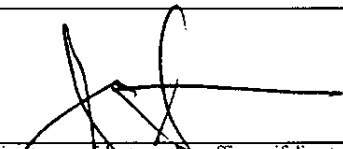
There was a typo in the name of the P.A. The correct name should have been:

**"Lumina Dental of Brandon, P.A."**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

**Please change name to: LUMINA DENTAL OF BRANDON, 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.)

**John Ivey**

(Typed or printed name of person signing)

**President**

(Title of person signing)

**Filing Fee: \$35.00**