

P180000015360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

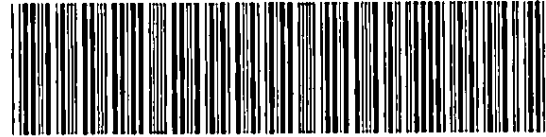
(Business Entity Name)

(Document Number)

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2018 FEB 23 PM 2:16

FEB 26 2018
C. McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **National MD Services PA**

Name of Corporation

DOCUMENT NUMBER: **P18000015360**

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

Please return all correspondence concerning this matter to the following:

Allan Capin MD

Name of Contact Person

National MD Services PA

Firm/Company

1541 S. Treasure Dr

Address

NBV, Florida 33141

City/State and Zip Code

nationalmdservices@gmail.com

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

For further information concerning this matter, please call:

Allan Capin MD

Name of Contact Person

at (**786**) **325-5648**

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

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ARTICLES OF CORRECTION

For

National MD Services PA

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

P18000015360

Document Number (if known)

2018 FEB 23 PM 2:16

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.

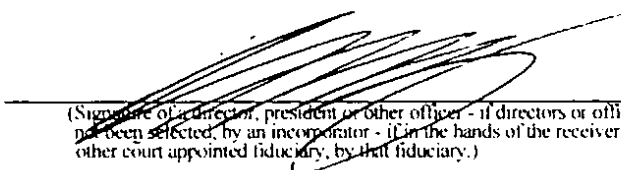
These articles of correction correct Articles of Incorporation /Corp Name
(Document Type Being Corrected)

filed with the Department of State on 02/18/2018
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Please change the name of corporation from National MD Services PA
to National MD Health Services PA

Correct the inaccuracy, incorrect statement, or defect:


(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.)

Allan Capin

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00