

P 18000091957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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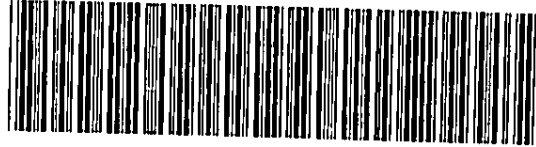
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **ROBERT J MORGAN MD PA**

Name of Corporation

DOCUMENT NUMBER: **P18000091957**

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

Please return all correspondence concerning this matter to the following:

STEVEN BOWERS

Name of Contact Person

WELZIEN BOWERS CPAS LLC

Firm/Company

1750 SUN PEAK DRIVE

Address

PARK CITY, UT 84098

City/State and Zip Code

PAYROLL@WB-CPAS.COM

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

For further information concerning this matter, please call:

STEVEN BOWERS at (**435**) **214-7989**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

ROBERT J MORGAN MD PA

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

P18000091957

Document Number (if known)

FILED

2018 DEC 10 AM 1:42

SECRETARY OF STATE
TALLAHASSEE, FL

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 NOVEMBER 5, 2018
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME

Correct the inaccuracy, incorrect statement, or defect:

ROBERT J MORGAN DO 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)

ROBERT J MORGAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00