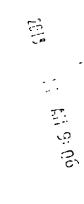
## P19000064626

- **		
	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
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-Correction

SEP 1 2 2019 I ALBRITTON

FU

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 913915 4307404

Squa

AUTHORIZATION

COST LIMIT : \$ (35.20

ORDER DATE: September 11, 2019

ORDER TIME : 12:42 PM

ORDER NO. : 913915-005

CUSTOMER NO: 4307404

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## DOMESTIC AMENDMENT FILING

NAME: OFD MEDICAL CLINICS, P.A.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:



## **COVER LETTER**

TO: Amendment Section Division of Corporations

OFD Medical Clinics, P.A.		
DOCUMENT NUMBER: P19000064626	Name of Corporation	
The enclosed Articles of Correction and f		for filing.
Please return all correspondence concerni	ng this matter to	the following:
Jonathan Salm		
Name of Contact Person		_
Epstein Becker & Green, P.C.		
Firm/Company		_
250 Park Avenue, 14th Floor		
Address	<del>_</del> .	<del></del>
New York, NY 10177		
City/State and Zip Code	****	<del>-</del>
milan.vyas@femgholdings.com		
E-mail address: (to be used for future annual	report notification)	<del></del>
For further information concerning this m	atter, please cal	1:
Jonathan Salm	212 at (	351-4932
Name of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for the following amo	ount.	
■ \$35.00 Filing Fee		ling 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	Street Address: Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF CORRECTION

For

OFD Medical Clinics, P.A.	3 Pt 1 53 - 88
Name of Corporation as currently filed with	the Florida Dept. of State
P19000064626	
Document Number (if k	nown)
Pursuant to the provisions of Section 607.0124 or 617.0 these Articles of Correction within 30 days of the file days	te of the document being corrected.
These articles of correction correct Articles of Incorporati	on .
<b>,,</b>	Occument Type Being Corrected)
filed with the Department of State on August 16, 2019	
(File Date	of Document)
Specify the inaccuracy, incorrect statement, or defect:	
The Corporation's Mailing Address is:	
	48
20250 Amberfield Drive, Suite 104, Land O Lakes, FL 346	48
Correct the inaccuracy, incorrect statement, or defect: The Corporation's Mailing Address is:	
20525 Amberfield Dr., Suite 104, Land O'Lakes, FL 34638	
	<u> </u>
(Signature of a director, president or other office not been selected, by an incorporator - if in the other court appointed fiduciary, by that fiduciary	hands of the receiver, trustee, or
Jonathan Saim	Incorporator
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00