

P190000 65371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

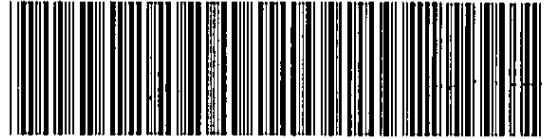
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900333646149

06/28/19--01008--022 \*\*35.00

2019 AUG 28 PM 2:11

FILED

C. GOLDEN

SEP 10 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SAINT ANESTHESIA CORP.  
Name of Corporation

**DOCUMENT NUMBER:** P 19 000 065 371

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

Please return all correspondence concerning this matter to the following:

GLACMA SAINT LOUIS  
Name of Contact Person

SAINT ANESTHESIA CORP.  
Firm/Company

5341 SW 133 AVE  
Address

MIRAMAR FL 33027  
City/State and Zip Code

st-anesthesia@hotmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Glacma Saint Louis at ( 786 ) 525 3405  
Name of Contact Person 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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building

ARTICLES OF CORRECTION

For

FILED  
2019 AUG 28 PM 2:11

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

P19 000065371  
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 OFFICER/DIRECTOR DETAIL  
(Document Type Being Corrected)

filed with the Department of State on 8-14-19  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

the OFFICER/DIRECTOR DETAIL is blank

Correct the inaccuracy, incorrect statement, or defect:

the OFFICER/DIRECTOR DETAIL is AS FOLLOWS  
Glacha Saint Louis, PRESIDENT

@StLouis  
(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.)

GLACHA SAINT LOUIS  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)