

P20 000022479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

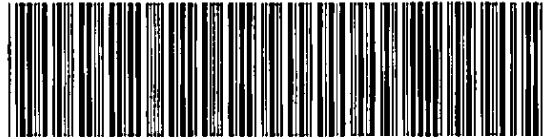
(Business Entity Name)

(Document Number)

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ALBANY

COVER LETTER

TO: Amendment Section
Division of Corporations

Micron Medical Corp

SUBJECT: _____
Name of Corporation

P20000022479

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Sherri@micronmed.com

Name of Contact Person

Micron Medical Corporation

Firm/Company

606 Banyan Trail

Address

Boca Raton, FL 33431

City/State and Zip Code

sherri@micronmed.com

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

For further information concerning this matter, please call:

Sherri Costa

561

929-9267

Name of Contact Person

at (_____)

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

Micron Medical Corp

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

P20000022479

Document Number (if known)

Pursuant to the provisions of Section 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)

March 3rd, 2020
filed with the Department of State on _____
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Entity Name: Micron Medical Corp

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CLERK OF COURT
JULIA A. HARRIS

Correct the inaccuracy, incorrect statement, or defect:

Entity Name: Micron Medical Corporation



(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.)

Gil Bao

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00