

P20000057990

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Celena Vinent Carbonell M.D., P.A.

Name of Corporation

DOCUMENT NUMBER:

P20000057990

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

Please return all correspondence concerning this matter to the following:

Celena Vinent Carbonell M.D.

Name of Contact Person

Celena Vinent Carbonell M.D., P.A.

Firm/Company

1001 N MacDill Ave suite B

Address

Tampa, FL 33607

City/State and Zip Code

vinentmdoffice@gmail.com

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

For further information concerning this matter, please call:

Celena Vinent Carbonell M.D.

at ( 971 )

570-9936

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  
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

Celena Vinent Carbonell M.D., P.A.

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

P20000057990

\_\_\_\_\_  
(Document Number (if known))

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct

Articles of Incorporation

\_\_\_\_\_  
(Document Type Being Corrected)

filed with the Department of State on Florida

\_\_\_\_\_  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Address correction : 1001 N MacDill Ave Suite B, Tampa, FL 33609

Correct the inaccuracy, incorrect statement, or defect:

Suite B



\_\_\_\_\_  
(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.)

Celena Vinent Carbonell M.D.

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**