

P200000 59597

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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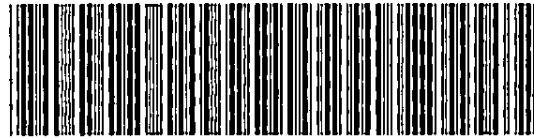
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

SEP 10 2020

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INFECTIOUS DISEASE MEDICAL CARE P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P20000059597

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

Please return all correspondence concerning this matter to the following:

PAUL J LANE ESQ

Name of Contact Person

PAUL J LANE ESQ P.A.

Firm/Company

7880 N UNIVERSITY DR SUITE 200

Address

TAMARAC FL 33321

City/State and Zip Code

PJLEGAL@HOTMAIL.COM

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

For further information concerning this matter, please call:

PAUL J LANE

at ( 954 ) 682-4211  
Area Code Daytime Telephone Number

Name of Contact Person

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

INFECTIOUS DISEASE MEDICAL CARE P.A.

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

P20000059597

\_\_\_\_\_  
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 7/30/2020  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

1. ADDRESS OF INCORPORATOR IS LISTED AS 10226 SW CORAL TREE CIRCLE PORT ST LUCIE FL

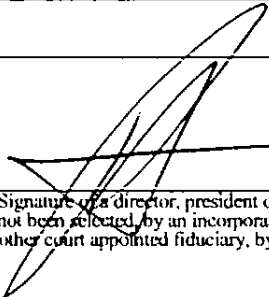
2. NAME OF PRESIDENT/DIRECTOR IS LISTED AS PAUL A. KOMAIHA

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SECRETARY OF STATE  
TALLAHASSEE FL

Correct the inaccuracy, incorrect statement, or defect:

1. INCORPORATOR IS HAMED A. KOMAIHA 5258 LINTON BLVD. #203 DELRAY BEACH, FL 33484

2. THE PRESIDENT/DIRECTOR NAME IS HAMED A. KOMAIHA

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

PAUL J LANE

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

AGENT

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

**Filing Fee: \$35.00**