

P21 000076219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

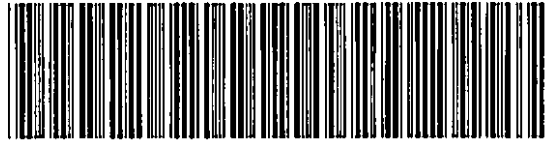
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2021 OCT 18 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MICHAEL BARRON MD, PA

Name of Corporation

DOCUMENT NUMBER: P21000076219

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

Please return all correspondence concerning this matter to the following:

ROBERT SHINDLER

Name of Contact Person

ROBERT M SHINDLER CPA PA

Firm/Company

2429 MANATEE AVE E UNIT #2

Address

BRADENTON, FL 34208

City/State and Zip Code

Shindler24@msn.com

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

For further information concerning this matter, please call:

Lisa Christopher

at ( 941 ) 747-6100

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

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ARTICLES OF CORRECTION

2021 OCT 18 PM 2: 51

For

SECRETARY OF STATE  
TALLAHASSEE, FL

MICHAEL BARRON MD, PA

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

P21000076219

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 08/25/2021

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

There is a typo on the Officer title line. It currently says "9"

Correct the inaccuracy, incorrect statement, or defect:

The title for Michael Barron should be President

(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.)

Michael Barron

*Michael K. Barron MD*

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00