

P22000020696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

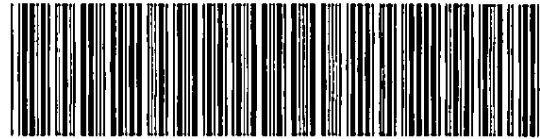
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 16 2022

Office Use Only



100389865671

06/23/22--01005--001 ++35.00

2022 JUN 23 PM 12:04
SECRETARY OF
FALL MASS SECRET

FILED

6

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JUAN M. ROJAS, MD. P.A.
Name of Corporation

DOCUMENT NUMBER: P22000020696

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

Please return all correspondence concerning this matter to the following:

JAIME PARLADE

Name of Contact Person

PARLADE SCHAEFER & SCHORTZ

Firm/Company

5975 SUNSET DRIVE SUITE 802

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

JMROJASB@YAHOO.COM

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

For further information concerning this matter, please call:

JAIME PARLADE

Name of Contact Person

at (305) 670-0400

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

JUAN M. ROJAS, MD, P.A.

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

P22000020696

Document Number (if known)

FILED
2022 JUN 23 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLE III
(Document Type Being Corrected)

filed with the Department of State on 03/04/2022
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

EMERGENCY MEDICINE DOCTOR

Correct the inaccuracy, incorrect statement, or defect:

PRACTICE OF MEDICINE IN THE STATE OF FLORIDA

[Handwritten signature of Juan M. Rojas]

(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.)

JUAN M ROJAS

(Typed or printed name of person signing)

06/14/22

(Title of person signing)

Filing Fee: \$35.00