

P22000064815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

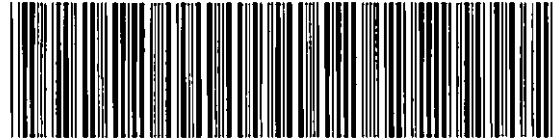
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV -7 PM 2:56

2022 NOV -7 AM 10:58

11/8/2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$43.75

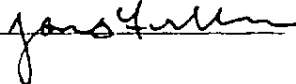
AUTHORIZATION SIGNATURE: _____

Atlantic Medical Care of Broward, INC

P22000064815

BUSINESS (Name)

Document #



___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ **X** Certified Copy of Articles of Correction (please stamp each page)

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ LLLP

___ **CORP**

AMMENDMENTS

X ___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ **Conversion**

___ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL() ___

Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Statement of Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATLANTIC MEDICAL CARE OF BROWARD, INC
Name of Corporation

DOCUMENT NUMBER: P22000064815

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

Please return all correspondence concerning this matter to the following:

Dr. Robert Hawk

Name of Contact Person

ATLANTIC MEDICAL CARE OF BROWARD, INC

Firm/Company

4473 NORTH STATE RD 7

Address

LAUDERDALE LAKES, FL 33319

City/State and Zip Code

Ashley@cmismanagement.com

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

For further information concerning this matter, please call:

Robert Hawk

Name of Contact Person

at (561) 260-4996

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

ATLANTIC MEDICAL CARE OF BROWARD, INC

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

2022 AUG -7 PM 2:57

P22000064815

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct EIN ARTICLES OF INCORPORATION
(Document Type Being Corrected)

filed with the Department of State on 08/17/2022
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The EIN is missing rom the listing.

Correct the inaccuracy, incorrect statement, or defect:

The correct EIN is 88-3804645. Please update our Sunbiz profile to refelct our current EIN. Thank you

Robert Hawk, DC

(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.)

Dr. Robert Hawk

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00