

P23000082703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

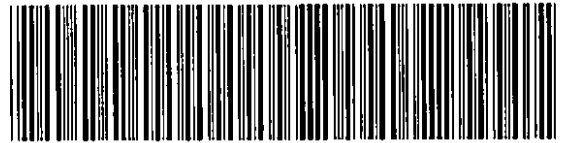
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Articles of
Correction

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2024 FEB -5 AM 11:29

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2024 FEB -5 PM 2:40

ALLAHASSEE, FLORIDA

A. RAMSEY

FEB 6 2024

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FAMILIES FIRST PEDIATRICS, PA

Please Debit FCA000000003 For: 35

Thank you Seth Neeley



Signature

Requested by: SN

Name

Date

Time

Walk-In

Will Pick Up

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

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STATE

ARTICLES OF CORRECTION

For

FAMILIES FIRST PEDIATRICS, PA

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

P23000082703

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 12/1/23
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article III Purpose: The Purpose of this company is for a dental office.

Correct the inaccuracy, incorrect statement, or defect:

Article III Purpose: The Purpose of this company is for a medical office.

(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)

✓ Armando Gonzalez
(Typed or printed name of person signing)

✓ President
(Title of person signing)

Filing Fee: \$35.00