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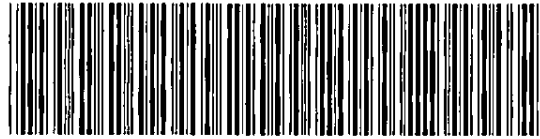
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

A domestic or foreign corporation may correct a document filed by the Department of State if the document contains, an inaccuracy, an incorrect statement, was defectively executed, attested, sealed, verified or acknowledged, or the electronic transmission was defective.

Pursuant to Section 607.0124, Florida Statutes, a document is corrected by preparing **Articles of Correction** that:

Describe the document, including its file date.

Specify the inaccuracy, incorrect statement, or defect.

Correct the inaccuracy, incorrect statement, or defect.

A form for **Articles of Correction** is attached. Additional sheets can be included if necessary. Pursuant to Section 607.0120, Florida Statutes, the document must be typewritten or printed and must be legible.

<b>Filing Fee</b>	<b>\$35.00</b> (Includes a letter of acknowledgment)
<b>Certified Copy</b> (Optional)	<b>\$ 8.75</b>
<b>Certificate of Status</b> (Optional)	<b>\$ 8.75</b>

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**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

For further information, you may contact the Amendment Section at (850) 245-6050.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Polaris Medical Group PA

Name of Corporation

**DOCUMENT NUMBER:** P24000027589

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

Please return all correspondence concerning this matter to the following:

Teresita Magarino Sanchez

Name of Contact Person

Polaris Medical Group PA

Firm/Company

1705 Lakeland Hills Blvd

Address

Lakeland, FL 33805

City/State and Zip Code

marie@integritytaxservices.com

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

For further information concerning this matter, please call:

Marie Harrington, CPA

Name of Contact Person

at ( 863 ) 812.4282  
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

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Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

Polaris Medical Group PA

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

P24000027589

\_\_\_\_\_  
Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct name and title of officer Jaison Luke,  
(Document Type Being Corrected)

filed with the Department of State on 4/17/2024,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Jaison Luke, CP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

Jaison Joseph Luke, VP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Teresita Magarino Sanchez*

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

Teresita Magarino Sanchez

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

President

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

**Filing Fee: \$35.00**