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(Business Entity Name)

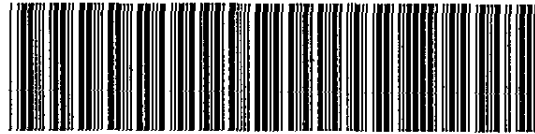
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHALOM NURSING CARE CORP.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

ALVARO H. AYAL
(Name of Person)

Small Business Loan Investment Corp.
(Name of Firm/Company)

1600 Robinson St. Suite 308
(Address)

ORLANDO, FL, 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

ALVARO H. AYAL at (407) 898 8822
(Name of 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, Florida 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

for

SHALOM NURSING CARE CORP.

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

Document Number (if known)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These Articles of Correction correct _____
(Document Type)

filed with the Department of State on 02/19/2004
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

- 1st INCORPORATOR NAME AND ADDRESS: JOSE F. DONE
- 2nd NAME AND E-MAIL ADDRESS: JOSE F. DONE
- 3rd OFFICER/DIRECTOR NAME: DONE, JOSE F.

Correct the inaccuracy, incorrect statement, or defect:

- 1st JOSE F. DONES
- 2nd JOSE F. DONES
- 3rd DONES, JOSE F.

(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.)

Jose Dones
(Typed or printed name of person signing)

Jose Dones
(Title of person signing)
PRESIDENT

Filing Fee: \$35.00