

PO7000096478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

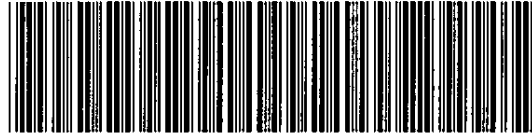
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts SEP 13 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Homecare, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P07000096478

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

Please return all correspondence concerning this matter to the following:

Alberto Silva

(Name of Contact Person)

(Firm/Company)

1506 SW 143rd Court

(Address)

Miami, FL 33184

(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto Silva

(Name of Contact Person)

at (

786

) 290-5686

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Miami Homecare, Inc.

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

P07000096478

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 Electronic Articles of Incorporation,
(Document Type Being Corrected)

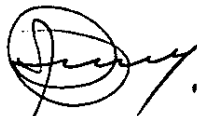
filed with the Department of State on August 28, 2007,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article VII: Alberto Silva, President and Ivan Silva, Secretary

Correct the inaccuracy, incorrect statement, or defect:

Article VII will read: Alberto Silva, President and Luis Alberto Silva, Secretary



(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.)

Alberto Silva

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00