

P090000036097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400155435114

400155435114
05/05/09--01035--019 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY -5 AM 11:00

FILED

Correction

TB 5-12-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RIMA MEDICAL CENTER INC

Name of Corporation

DOCUMENT NUMBER: P09000036097

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

Please return all correspondence concerning this matter to the following:

MANUEL ROBAINA

Name of Contact Person

RIMA MEDICAL CENTER INC

Firm/Company

5985 SW 8 ST

Address

MIAMI, FL 33144

City/State and Zip Code

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

For further information concerning this matter, please call:

MANUEL ROBAINA

Name of Contact Person

at (305) 746-8504

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

RIMA MEDICAL CENTER INC

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

P09000036097

Document Number (if known)

FILED
2009 MAY -5 AM 11:00
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 ARTICLE OF CORPORATION
(Document Type Being Corrected)

filed with the Department of State on APRIL 23, 2009
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article V - Registered Agent
Manuel Robaina, 1050 NW 44 Ave # 113, Miami, FL 33126

Article VII
P - Manuel Robaina, 1050 NW 44 Ave # 113, Miami, FL 33126

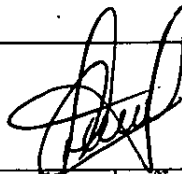
Correct the inaccuracy, incorrect statement, or defect:

ARTICLE V - Registered Agent

ADONYS SUAREZ 251 NW 63 AVE MIAMI, FL 33126

ARTICLE VII - officer

P - ADONYS SUAREZ 251 NW 63 AVE MIAMI, FL 33126



(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.)

MANUEL ROBAINA

PRESIDENT



Signature of Registered Agent

04/30/2009

Date

If signing on behalf of an entity:

Adonys Suarez

I accept the position as registered agent.